



## LIFEGUARDS ONLY

### REQUEST FOR HEPATITIS B VACCINE

#### INFORMATION CONSENT

\_\_\_\_\_ The Hepatitis B vaccine has been offered to me at no cost by the City of Kinston. I have read the handout information, attended the mandatory in-service program, and had the opportunity to ask questions. I understand the benefits and risks of the program.

\_\_\_\_\_ I request that the Hepatitis B vaccine be given to me. I agree to receive three (3) injections within six (6) months. In consideration of having the vaccine, I hereby release the City of Kinston, their affiliates, directors, and employees, from any and all liability arising from or in any way connected with this Hepatitis B vaccination. I have been provided a copy of the Hepatitis B Vaccination Information Statement (VIS).

ARE YOU ALLERGIC TO LATEX?    \_\_\_ Yes    \_\_\_ No

#### REFUSAL FORM

\_\_\_\_\_ I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me; however, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination services at no charge to me.

\_\_\_\_\_ I understand the benefits and risks of the program and do not wish to take the Hepatitis B vaccine; therefore, I relieve the City of Kinston and the Employee Health Care Nurse of liability in the event I contract Hepatitis B.

#### PREVIOUS VACCINATION

I have previously completed the Hepatitis B vaccine with \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Health Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

#### CERTIFICATION OF VACCINATION

I certify that the named individual was vaccinated against Hepatitis B and was assessed for latex allergy status on the following dates:

| Date | Vaccine | Lot# | ExpDate | Site | Signature |
|------|---------|------|---------|------|-----------|
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