



# Hepatitis B Vaccine Administration Record

Hepatitis B is an infection caused by the hepatitis B virus (HBV), which is transmitted through breaks in the skin or direct contact with mucous membranes or exposure to infectious blood, or body fluids. A Federal Standard issued in December 1991 under the Occupational Safety and Health Act Mandates that Hepatitis B vaccine to be made available at the employer's expense to all health-care personnel who are exposed through their work to blood or other potentially infectious materials.

**PLEASE PRINT**

### Section I - Accept

**I accept the Hepatitis B Vaccine and have read the CDC Vaccine Information Sheet  
If you choose to decline the vaccine please complete Section II .**

Last Name	First Name	Date of Birth
Department Name	Department #	Employee ID # REQUIRED
Employer Name	Job title	Last 4 #SS

Yes No

- Have you had a severe allergic reaction or other problems after receiving previous hepatitis B vaccine?
- Do you have a severe allergy to baker's yeast?
- Do you have an acute infection? Fever?
- Has a physician instructed you to not have the Hepatitis vaccination?
- Are you receiving immunosuppressive therapy? (i.e. chemotherapy, cortisone)
- Do you have any Immunodeficiency?
- Have you had a contaminated needle stick exposure in the last 3 months?
  - If yes, did you receive gamma globulin at the time of the contaminated needle stick?

I have read or have had explained to me the information on this form about Hepatitis B vaccine. I have had a chance to ask questions and these were answered to my satisfaction. I understand the benefits and risks of Hepatitis B vaccine. I request that the Hepatitis B vaccine be given to me.

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

### Section II - Declination

- I choose to decline the Hepatitis B vaccination at this time, even though I know I am at risk, I am able to change my mind at any time during my employment and start the series.
- I choose to decline the Hepatitis B vaccination, I do not have patient contact and do not work in a clinical environment.
- I choose to decline the Hepatitis B vaccination, I have received the vaccination and have provided documentation.

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

### Office Use only

Date Vaccinated	Manufacturer	Lot #	Exp. Date	Site	Initials	VIS
1 _____	_____	_____	_____	left Right deltoid	_____	_____
2 _____	_____	_____	_____	left Right deltoid	_____	_____
3 _____	_____	_____	_____	left Right deltoid	_____	_____
Titer Date Drawn _____			Titer Results _____			
Administrator's Signature _____			Date _____			