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HEPATITIS B VACCINATION

DECLINATION OR ACCEPTANCE

Complete Section I or II

The City offers a free Hepatitis B vaccination series (3 vaccines over six months) to employees with occupational exposure to blood or other potentially infectious materials that may place the employee at risk of acquiring Hepatitis B virus (HBV).

SECTION I - DECLINATION OF THE HEPATITIS VACCINE

I have received information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccination will be offered free of charge. I choose not to have the Hepatitis B vaccine. I understand that I may change my mind at a later date.

Employee ID	Employee Name	Employee Signature	Date
Witness Name	Witness Signature	Date	

SECTION II - ACCEPTANCE OF THE HEPATITIS VACCINE

I have received information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccination will be offered free of charge. I accept the offer of the Hepatitis B series and understand that I am responsible for scheduling and keeping my appointments to receive the vaccines in accordance with the recommended series (three vaccinations over six months). Furthermore, I understand it is my responsibility to bring a Vaccination Voucher, signed by my supervisor, to the contracted medical facility each time I go for a vaccination.

Employee ID	Employee Name	Employee Signature	Date
Witness Name	Witness Signature	Date	

IF UNDER 18 YEARS OF AGE, your parent/legal guardian must decline/accept the vaccination series on your behalf.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____