Macas Home Care LLC

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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 series at no charge to me.

Name (Print) _____ Social Security No. _____

Signature _____ Date _____

Hepatitis B Vaccination Consent Form

Hepatitis B vaccine is usually well tolerated. The most common side effect is soreness at the local injection site and fatigue. The vaccine is administered in three doses.

CONTRAINDICATIONS: Employees who are pregnant, breast-feeding mothers, have allergies to the vaccine or its components, mercury or yeast, have a fever or active infection, heart disease, Guillian-Barre Syndrome, or immune deficiency disorders will be referred to their private physician for evaluation, prior to receiving the vaccine.

POSSIBLE ADVERSE REACTIONS: Flushed face, redness, swelling, or warmth at injection site, muscle aches, fatigue and dizziness. Low-grade fever (less than 101 degrees F) occurs occasionally.

I have read the above information and have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of hepatitis B vaccine and consent to vaccination.

Name (Print) _____ Social Security No. _____

Signature _____ Date _____

FIRST INJECTION	SECOND INJECTION	THIRD INJECTION
Employee Signature	Employee Signature	Employee Signature
Date Vaccinated	Date Vaccinated	Date Vaccinated
Vaccine/Lot#/Exp. Date	Vaccine/Lot#/Exp. Date	Vaccine/Lot#/Exp. Date
Site of Injection	Site of Injection	Site of Injection
Administered by	Administered by	Administered by
Time Administered	Time Administered	Time Administered