

Consent and Release for Hepatitis B Vaccination

Who Should Consider Receiving The Hepatitis B Vaccine?

In accordance with OSHA's regulations, Pitt County Schools is offering the HBV vaccine free of charge to all employees who may be exposed to human blood or other potentially infectious materials, and may result in possible exposure to bloodborne pathogens. The following job classifications are included:

• First Aid Responders	• Plumbers
• Health Occupations Teachers	• Bus Drivers and Bus Monitors of exceptional children
• School Health Nurses	• Athletic Coaches and Trainers
• Custodians	• Designated Violence Intervention Personnel
• Exceptional Children Teachers and Teacher Assistants	• Social Workers

Who Should Not Get The Hepatitis B Vaccine?

• Anyone allergic to yeast	• Pregnant or breast-feeding mothers
• Employees that have already received the Hepatitis B Vaccine	

Vaccination Process

1. The employee will sign the Consent and Release for Hepatitis B Vaccination form as either accepting or declining. Please send the completed form to Mike Whitford – Safety Coordinator.
2. Upon receipt of the above-mentioned consent form by the Safety Coordinator, the employee will be sent a signed Hepatitis B Vaccination Verification sheet (SF-015). This will serve as notification to the Pitt County Health Department that the employee is currently employed with Pitt County Schools.
3. When the employee receives the Hepatitis B Vaccination Verification sheet (SF-015), they will then contact the Pitt County Health Department (252-902-2449) to establish an appointment for the administration of the Hepatitis B vaccination. **The employee will take the Hepatitis B Vaccination Verification sheet and their insurance card with them to their appointment at the Pitt County Health Department.** Prior to both the second and third appointments, the employee will need to contact the Safety Coordinator to receive a new Hepatitis B Vaccination Verification for each appointment.

TO ACCEPT VACCINE

I understand that due to my potential occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by the Hepatitis B Virus (HBV). This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B (HBV) vaccine. Based on the training I have received, I am making an informed decision to accept the Hepatitis B (HBV) vaccine. I understand I am responsible to schedule and complete the recommended series of shots.

Printed Name: _____ Signature: _____ Date: _____

School: _____

TO DECLINE VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (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.

Printed Name: _____ Signature: _____ Date: _____