



## North Central Wisconsin Healthcare Alliance STUDENT HEPATITIS B VACCINE INFORMATION FORM

I \_\_\_\_\_, have read the **Vaccine Information Statement: Hepatitis B Vaccine: *What You Need to Know*** published by the Centers for Disease Control and Prevention and understand the purpose and benefits of this vaccine, the potential side effects of this vaccine and the risk of not getting vaccinated.

**Indicate your status by placing your initials on the appropriate line.**

If you ***have not*** completed the Hepatitis B series of three (3) vaccinations:

\_\_\_\_\_ 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 the Hepatitis B vaccine. 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 will need to discuss this with my healthcare provider. If I am then vaccinated, I will need to supply that documentation to the school.

If you ***have been*** vaccinated for Hepatitis B:

I have already received the Hepatitis B series of three (3) vaccinations ***and initial one of the following:***

\_\_\_\_\_ I have been screened for post vaccine antibodies and the results were positive/reactive.  
***(Evidence of results must be attached)***

\_\_\_\_\_ I have been screened for post vaccine antibodies and the results were negative/nonreactive. If the screen shows a negative result, I will consult with my provider for next steps.  
***(Evidence of results must be attached)***

\_\_\_\_\_ Although it has been recommended to have post-vaccine antibodies checked, I have chosen not to have this lab test done and I accept the risk of not knowing my immunity status in event of an exposure to blood and/or body fluids.

*To sign, please click on SIGN (right corner) and PLACE SIGNATURE. This will prompt you to drag a box on the signature line.*

*A new window will pop up asking you how you want to sign this document.*

*If you don't have an EXISTING DIGITAL ID, please CREATE ONE NOW.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature  
(OSHA standards require the signature of a witness)

\_\_\_\_\_  
Date