



Dartmouth College

HANOVER • NEW HAMPSHIRE • 03755

37 Dewey Field Rd, Suite 6216 • Tel: (603) 646-1762 • Fax: 646-2622

ENVIRONMENTAL HEALTH AND SAFETY

<http://www.dartmouth.edu/~ehs/>

Dartmouth Employee/Student Hepatitis B Vaccination Consent/Declination Form

Instructions: Once an employee/student has received training on blood-borne pathogens, Hepatitis B Virus, and the hepatitis B vaccination, he or she must sign one of the following statements and submit it to Environmental Health & Safety (EHS) (HB 6216). Once this form is received by EHS, EHS will give the employee/student a voucher for the vaccine at Dick's House.

I understand that as part of my job or area of study, I may become exposed to blood or other potentially infectious items or materials that put me at risk for acquiring the Hepatitis B virus (HBV). Therefore, at no charge to myself, I have been offered the Hepatitis B vaccine, which is intended to render me immune to the HBV. At least three separate intramuscular injections are necessary to produce the desired immunity (sometimes additional injections are necessary to reach immunity), and all three doses are necessary in order for the vaccine to be effective.

Consent Statement

I understand the above and request administration of the hepatitis B vaccination series.

Name (print): _____ Hinman Box: _____

Signature: _____ Date: _____

DND (net ID)#: _____

Acknowledgement of Previous Vaccination Statement

I understand the above, and I have already been vaccinated with the entire HBV vaccination series.

Name (print): _____ Date of vaccination: _____

Signature: _____ Date: _____

Declination Statement

I understand the above, and 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 me; 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): _____

Signature: _____