

Corpcare Occupational Health
 2800 Tamarack Avenue, STE 001
 South Windsor, CT 06074
 860-647-4796 Telephone
 860-644-0287 Fax

Hepatitis B Vaccine Offer

Patient Name: _____ Date of Birth: _____

Have you been immunized against Hepatitis B previously? If YES enter dates of Vaccination: There is no contraindication to vaccination if you have previously had the Hepatitis B series.	Yes	NO	Don't know
Have you ever had sensitive /life threatening anaphylactic reaction to east?			
Have you ever had a life-threatening allergic reaction to a previous dose of Engerix B hepatitis vaccine?			
Do you have any allergies sensitive to Latex?			

Please choose one:

Consent to Receive Hepatitis B Vaccine: YES

I do wish to receive the Hepatitis B vaccination. I understand the risks and benefits of immunization. As with all medical treatment, I am aware there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I have read the Hepatitis B vaccine information statement and I have read the Vaccine Information Statement and had the opportunity to have my questions about the Hepatitis B vaccine efficacy, side effects and administration answered.

VIS-8/15/2019

Declination for Hepatitis B Vaccine: NO

No, I do not wish to have the Hepatitis B Vaccination.

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

Employee Signature/Date

Employee Signature/Date

CorpCare Representative Signature/Date CorpCare Representative Signature/Date

_____ Date: _____

****MUST BE SIGNED BY EMPLOYEE AND CORPCARE REPRESENTATIVE WHETHER ACCEPTED OR DECLINED ****

1 Dose	2 Dose	3 Dose
Lot	Lot #	Lot
Exp Date	Exp Date	Exp Date
Mfg	Mfg	Mfg
Inj Site	Inj Site	Inj Site
Given By	Given By	Given By
Titer Drawn on:	Results:	