

Appendix A  
Mandatory Declination Statement

*Please Print:*

Name:

SSN:

Date of Birth:

School Where Employed:

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 this opportunity to be vaccinated with Hepatitis B Vaccine. I will bill my health insurance provider for the vaccination. Each School Department will be responsible for any co-payment. In the event that no health insurance is provided the School Committee will assume responsibility for the expense.

*Please choose one of the following alternatives:*

- 1. I have received/am currently in the process of receiving Hepatitis B Vaccine.

Employee signature: \_\_\_\_\_ Date:

Vaccine Dates: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3:

- 2. Yes, I wish to have Hepatitis B Vaccine.  
I freely consent to having the Hepatitis B Vaccine. I understand that while the Hepatitis Vaccine generally is effective, a small percentage of the individuals who receive the vaccine may not develop immunity.

Employee signature: \_\_\_\_\_ Date:

- 3. No, I do not wish to have the Hepatitis B Vaccine.  
I decline the Hepatitis B Vaccine 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. My health insurance provider will

be billed for the vaccination. The School Department will be responsible for any co-payment. In the event that no health insurance is provided the School Committee will assume responsibility for the expense.

Employee signature: \_\_\_\_\_ Date:

	AVS	HES	LCS
First Reading:	<u>1/22/2013</u>	<u>12/10/2012</u>	<u>1/7/2013</u>
Second Reading and Adoption:	<u>3/18/2013</u>	<u>1/14/2013</u>	<u>2/4/2013</u>