

**Lake Superior School District  
Hepatitis B Immunization  
Acceptance/Declination Record**

**I have been trained and understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection by the Hepatitis B Virus (HBV). The Lake Superior School District and/or its appointed Program Administrator have offered me the Hepatitis B vaccination series at no charge.**

**Please check one of the options listed below:**

I do not wish to receive the Hepatitis B Vaccination series. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. I understand that by declining this vaccine, I may continue to be at risk of acquiring Hepatitis B. 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 that vaccination at no charge to me.

I have already received the Hepatitis B vaccine series  
Please provide dates/clinic: If you are a long time employee, we may have your vaccination record for Hepatitis B and could look it up for you.

Dose 1 \_\_\_\_\_  
Dose 2 \_\_\_\_\_  
Dose 3 \_\_\_\_\_  
Clinic \_\_\_\_\_

I do wish to receive the Hepatitis B Vaccination Series. The **Program Administrator** will contact me regarding the time and place to receive the vaccinations.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Occupational Exposed Group:**

Special Education Staff       Custodian/Food Service  
 Primary provider of First Aid       Coach  
 Woodworking teacher       Other \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_