

**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: _____