

Iowa County, Iowa
Policy Manual

Title: Hepatitis B Consent Form	Reference #: SA013
Section: Safety	Date Effective/Revised: 7/1/2016
Department (s): All	Approved By: Board of Supervisors

Hepatitis B Voluntary Consent Form

This is to certify that I, _____, have been offered the Hepatitis B Vaccine through Iowa County, due to the possibility of exposure created by my employment.

_____ I have read the prescribed information for the Hepatitis B Vaccine and understand the usage, contraindications, precautions, adverse reactions, dosage and administration related to the vaccine.

_____ I understand that I must have three (3) doses of the vaccine to confer immunity and that that cost of the Hepatitis B Vaccine will be assumed by Iowa County.

_____ I understand that there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine.

_____ I have read this form and understand its contents; therefore I request that the Hepatitis B Vaccine be given to me.

Employee's Signature

Date

Witness Signature
Iowa County Public Health

Date

Vaccination Date	Lot Number	Injection Site	Signature from whom given	Manufacturer

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Hepatitis B Declination Form

This is to certify that I, _____, understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring the Hepatitis B Virus (HBV) infection.

_____ Iowa County has given me the opportunity to be vaccinated at no charge, however I am declining the vaccination at this time.

_____ I understand that by declining vaccination, I continue to be at risk of acquiring Hepatitis B Virus infection.

_____ I understand that in the future, while employed by Iowa County, I may choose to have the Hepatitis B Vaccination Series at no charge to me.

_____ I have read this form and understand its contents.

Employee's Signature

Date

Witness Signature

Date