



HEPATITIS B IMMUNIZATION

My signature confirms that I have received and read the Triage Staffing Safety Training Manual, which includes information on blood borne pathogens and well as on OSHA regulations and the company’s Exposure Control Plan. I understand that my intended job classification has been identified as one where there is potential risk of exposure to blood and other potentially infectious materials.

I have been informed of and understand the following:

1. Receiving the Hepatitis B vaccination may reduce the potential risk of occupationally contracted viral hepatitis infection. Some side effects associated with receipt of the Hepatitis B Vaccine may include itching, bruising at the injected site, sweating, weakness, chills, flushing, and tingling
2. In order to acquire adequate immunity to viral Hepatitis B, I should receive all three (3) immunizations of the Hepatitis B Vaccine series. The schedule should consist of the initial injection with the second injection at one(1) month, and the third(3rd) injection at six months after the initial injection.
3. If I elect to receive the Hepatitis B vaccination series, Triage Staffing, Inc will cover the cost for obtaining these injections. However, if I leave employment with Triage Staffing, Inc before I have completed the 3-injections series, it will be my sole responsibility to complete the series through my own medical provider.
4. In addition, if at a future date the U.S. Public Health Service recommends a booster dose(s) of Hepatitis B Vaccine and I am still employed by Triage Staffing, Inc, such booster dose(s) will be provide to me at no cost provided I am in a job classification where the potential risk of exposure to blood and other potentially infectious materials has been identified.
5. I understand that the following is a list of the contraindications to receive the vaccine, and if any of these apply to me, I should NOT receive the vaccine: 1) Previous allergic reaction to the Hepatitis B Vaccine or components of the vaccine including thimerosal, mercury, or aluminum: 2)Allergy to yeast: 3)Recent illness including but not limited to respiratory and gastric symptoms, and if female: 4) Current pregnancy, nursing , or planning to become pregnant.

YOU ARE REQUIRED TO CHECK ONE OF THE FOLLOWING:

I DECLINE HEPATITIS B IMMUNIZATION AT THIS TIME

I have already received the 3-series injections.

I DECLINE HEPATITIS B IMMUNIZATION AT THIS TIME

I have been given the opportunity to be vaccinated with Hepatitis B Vaccine at no charge to me, However, I decline Hepatitis B Vaccinations at this time. I understand that if I have not been previously immunized for Hepatitis B, I continue to be at risk of acquiring the disease. If I elect to receive the vaccine in the future, and I continue to have an occupational exposure to blood or other potentially infectious materials through my employment with Triage Staffing, Inc, I will be able to receive the vaccination at that time, at no charge to me.

I ELECT TO RECEIVE HEPATITIS B IMMUNIZATIONS

I HAVE NOT BEEN PREVIOUSLY IMMUNIZED and I hereby elect and consent to receive the Hepatitis B Vaccination series and certify that to the best of my knowledge NONE of the contraindications cited in item No. 5 above apply to me.

I affirm that I have read the information contained in this form and have had the opportunity to ask questions. I understand that it is recommended that I consult with my physician before taking the Hepatitis B Vaccine.

Employee Name(please print)

Social Security Number

Employee Signature

Date