



# HEP B VACCINATION

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## HEPATITIS B VACCINATION

### Why Offered:

You may be exposed to blood or other potentially infectious material during your employment at New Haven. You have or will shortly receive training in how to handle potentially infectious material. This is a once in a lifetime vaccination and you should not retake, if you have had previously.

New Haven will pay for the series of injections only while you are a New Haven employee; however, you must take the responsibility for reporting to a provider, as designated by New Haven, for the shots and follow through with the entire series to assure maximum immunity if you desire to take the series. You should understand that this series of injections is as follows:

- First injection at time of election
- Second injection is 30 days later
- Third injection is 5 months following the second injection

Missed injections may cause additional testing (called a titer injection – a titer injection will incur an additional charge, paid by the you, the employee). A positive result will require that you restart the series. If you do not complete the series, there is no assurance that you will be immune to HEP B and further testing will be at your own expense.

If you decline, you may rescind at any time during your employment with us. Please indicate whether you wish to begin or decline the Hep B series and sign the understanding below:

I wish to begin the HEP B series. (Pick up Form in HR)

I wish to decline the HEP B Vaccination.

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### AUTHORIZATION:

*I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge and, if elected, will take responsibility for following through with the series. If I decline the hepatitis B vaccination at this time, I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. However, if I continue to have occupational exposure to blood or OPIM and wish to be vaccinated with hepatitis B vaccine in the future while employed by New Haven Youth and Family Services, Inc., I can receive the vaccination series at no charge.*

NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_