

***HEPATITIS B CONSENT FORM***

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the one of the following:

* I plan to pursue screening/immunization at the Sanilac County Health Department for Hepatitis B. (Authorization form will need to be obtained for each appointment from the HR Department)
* I have been offered the chance to receive the Hepatitis B inoculations and choose to decline at this time. I understand that if I decide to pursue this vaccination series at a later date, authorization can be obtained from the HR Department.
* I decline the Hepatitis B inoculations because I have received the immunization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date