



1025 West Meeting St., Ste 200
 Lancaster, SC 29720

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Hepatitis B Vaccination Consent/Declination

Name: _____ Date of Birth: _____
 Company: _____

Have you been immunized against Hepatitis B previously? If yes, please enter
 Dates of Vaccination: _____ **YES** **NO**
 (There is no contraindication to vaccination if you have previously had the
 Hepatitis B vaccine)

Are you allergic to Baker's yeast, or to Thimerosal? (EnergiX B contains
 No more than 5% yeast protein, and may contain trace amount of thimerosal.) **YES** **NO**

Have you had a life-threatening allergic reaction to a previous dose of EnergiX B
 Hepatitis vaccine? **YES** **NO**

Are you sick or ill today? If yes, you should wait until you have recovered to receive
 The vaccine. **YES** **NO**

Are you pregnant, or is there any possibility that you might be pregnant? **YES** **NO**
 If you are pregnant, we request that your doctor give you permission to receive the vaccine.
 If you might be pregnant, but simply do not know, we request that you delay vaccination until
 shortly after you next menstrual period.

Have you read the Vaccine Information Statement, about the Hepatitis B vaccine efficacy, side
 Effects, and administration? **YES** **NO**

YES

Yes I do wish to have the Hepatitis B vaccination I understand the risks and benefits of immunization. As with all medical treatment, I am aware there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I have read the Hepatitis B Vaccine Information Statement, and I have had the opportunity to have my questions answered.

Employee Signature: _____ Date: _____

Vaccine Dates:

1 st Dose _____	2 nd Dose _____	3 rd Dose _____	Titer: _____
Lot # _____	Lot # _____	Lot # _____	
Exp Date _____	Exp Date _____	Exp Date _____	
Mfg _____	Mfg _____	Mfg _____	
Injection Site _____	Injection Site _____	Injection Site _____	
Given by _____	Given by _____	Given by _____	

NO

No, I do not wish to have the Hepatitis B Vaccination. I understand due to my occupational exposure to blood and other potential infectious materials that I may be at risk for acquiring the Hepatitis B virus infection. I have been given the opportunity to be vaccinated, however, I decline at this time.

Employee Signature: _____ Date: _____