



Employee Hepatitis B Vaccination Consent Form.

I have read the Hepatitis B information provided about the disease and treatment. I have had the opportunity to ask questions and to understand the benefits and risk of the vaccination. I understand Nashville State Community College will provide free of charge 3 doses of Hepatitis B vaccine during a 6-month period in order to achieve maximum protection. However, as with all vaccines, there is no guarantee that I will become immune or that I will not experience side effects. I understand I should NOT receive this vaccine if:

1. I have an allergy to yeast (e.g. bread)
2. I have had a previous hypersensitivity to this vaccine, and/or
3. I have a fever or a medical condition causing me to be immunocompromised.
4. If I am pregnant, planning a pregnancy or breast feeding during the course of this vaccination period, or if I become pregnant while receiving this vaccine series, I will notify my obstetrician and the Student Health Service immediately.

I understand that this vaccine injection series is being offered due to potential risk of occupational exposure to HBV and that the injections are being administered for a job related reason and not for purposes of providing general health care. In addition, this vaccine is only part of the protection needed for safe job performance.

I understand that if I should terminate employment before completing the series, Nashville State Community College is not responsible to provide future vaccines to complete the inoculation series. I understand it is my responsibility, and I agree to make arrangements to complete the series at my own expense.

Printed Name: _____

Signature: _____

Date: _____

A number: _____