



Independent School Dist. 721 New Prague Area Schools Health Services

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Hepatitis B Vaccine Consent/Declination Form

Print Name _____ Date: _____

School: _____ Department: _____

I understand the benefits and risks involved with receiving the Hepatitis B Vaccine. I understand that three doses of the vaccine are necessary to confer immunity. The second and third doses are administered at one and six months after the initial dose. I understand that I may discontinue the vaccinations at any time but that I may not have developed immunity at that point. There is not guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. If I decline the Hepatitis B vaccination at this time, I understand that I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me. I understand that if I have previously received the vaccine, I do not need to repeat the doses. I have had the opportunity to ask questions about the disease and vaccine. I know where to go if I have questions in the future.

Please check off the appropriate box below:

I have already been vaccinated with the full or partial series of the Hepatitis B vaccine.

Date(s) of Shot(s): _____

Place where shot(s) were received _____

I understand the above information and do not wish to receive the Hepatitis B vaccination series.

I understand the above information and wish to receive/complete the Hepatitis B vaccination series.

Please complete this form and send to the Health Services office in the CEC building. If you have consented to receiving the vaccine a form with be sent out to you with instructions.

If you have questions please call Cheryl Malecha at 952-758-1760