**Nata’s Kids, Inc.**

Preschool Special Education Program

1733 Sheepshead Bay Road, Suite 36, Brooklyn, NY 11235

Phone: (347) 414-9990 Fax: (347) 252-0222

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

**HEPATITIS B VACCINE CONSENT/DECLINATION**

*I acknowledge that I am at risk of exposure or have been unknowingly exposed to the Hepatitis B virus as a result of my employment and acknowledge that the agency will arrange for me receive the Hepatitis B vaccine. I have read the information sheet concerning the disease, the vaccine and possible adverse reaction to the inoculation. Additionally, I have asked any questions which I may have had and they have been fully answered to my satisfaction. I hereby make the decision to:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request that I receive the Hepatitis B vaccine

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ refused the Hepatitis B vaccine and hold harmless the agency. I understand that due to my occupational exposure to blood or other rotationally infectious materials. I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of an acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_\_\_\_\_\_\_provide written proof of immunity (attach supportive documentation)

\_\_\_\_\_\_\_\_\_\_\_provide written proof of previous vaccination (attach supportive documentation)

\_\_\_\_\_\_\_\_\_\_\_provide written proof of medical contraindication (attach supportive documentation)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor or witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_