



A KIND & CARING

Home Care, LLC

EMPLOYEE NAME: _____

PLEASE PRINT

I have been informed of the symptoms and modes of transmission of blood borne pathogens including hepatitis B virus (HBV). I know about the Kindred Home Care, LLC infection control program and understand the procedure to follow if an exposure incident occurs. I understand that the hepatitis B vaccine is available, at not cost, to employees whose jobs involve the risk of directly contacting blood of other potentially infectious material and who have worked 120 hours. I understand that vaccinations shall be given according to recommendations for standard medical practice in the community.

CONSENT TO VACCINE STATEMENT

I consent to administration of the hepatitis B vaccine. I have been informed of the method of administration, the risks, complications, and expected benefits of the vaccine. I understand that Kindred Home Care is not responsible for any reactions caused by this vaccine. It is my responsibility to obtain all 3 doses of the vaccine and submit receipt(s) of payment for reimbursement from Kindred Home Care, LLC. If I fail to start the injections in 10 days or obtain all doses it will be considered a declination of the vaccine.

DECLINING VACCINE STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, *I decline* hepatitis B vaccine at this time and HOLD HARMLESS THE AGENCY. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to be at exposure to blood or other potentially infectious materials, I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

CHECK ONE: _____ I DECLINE THE 3 HEPATITIS B VACCINE INJECTIONS. RECEIVED _____

_____ I CONSENT TO THE 3 HEPATITIS B VACCINE INJECTIONS.

I understand and agree to all of the information above.

EMPLOYEE SIGNATURE

DATE

IMPORTANT QUESTIONS AND ANSWERS

1. *What facts should I consider to help me make my decision about taking the vaccination?*

The hepatitis B vaccine is effective approximately 94-99% of the time. Side effects may occur in 1-10% of those receiving the vaccine. The possible side effects of the vaccine are: discomfort at the injection site, fatigue, redness and swelling, abdominal discomfort, diarrhea or constipation, and swelling of the lymph nodes. There is a possibility that any of these reactions could increase in severity with each successive vaccination.

In certain circumstances, such as for people who are allergic to yeast, the vaccination should not be taken. Also, it is not yet known what effect the vaccine may have on a developing fetus, or if the vaccine could be excreted in human milk; therefore, it is not advisable for pregnant or nursing mothers to take the vaccine at this time. The health care professional that administers the vaccine should discuss with you information regarding allergies or contraindications to the vaccine. He or she can answer any of these questions for you.

2. *If I decline now, can I change my mind and take the 3 injections later?*

Yes, Kindred Home Care, LLC will make the vaccination available to you if you change your mind later.

3. *Once I have decided, what do I do next?*

Please read the top of this page carefully. Then fill it out, placing your name and date in all necessary spaces.