



Hastings Public Schools – Statement of Understanding Hepatitis B Vaccination

Information regarding Bloodborne Pathogens has been provided to me and:

- 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 Hastings Public Schools is offering the vaccine at no cost to me.
- I understand that the vaccine provides limited protection against only one strain of only the Hepatitis virus, and that I still need to follow all policies, procedures, and precautions related to bloodborne pathogens.
- I understand that my employer is not responsible for any reactions caused by the vaccine.
- If I decline the Hepatitis B vaccination at this time or do not complete the vaccination series, 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 understand the above information. Please indicate below which of the three options you wish to exercise and return this form to Tonia Wood in the District Office:

1. I have already been vaccinated with the full or partial series of the Hepatitis B vaccine.
2. I understand the above information and do not wish to receive the Hepatitis B vaccine series.
3. I wish to receive / complete the Hepatitis B vaccination series.

If you selected Option 3 - Please follow the process below to obtain your Hepatitis B Vaccine Series.

1. Vaccinations are available through Minnesota Occupational Health. The clinic has several different locations (see attached)
2. You must call Occupational Health and make an appointment in order to receive the vaccination. The telephone number is (651) 968-5300. The vaccinations are given by appointment only.
3. They will require a referral authorization form and a photo ID.

You do not need to use vacation time if your appointment is during regular work hours.

Employee Name: _____

Employee ID #: _____

Position: _____

Site: _____

Signature: _____

Date: _____