 PUTNAM/NORTHERN WESTCHESTER BOCES

**200 BOCES Drive, Yorktown Heights, NY 10598**

***The Tech Center at Yorktown – Health Services***

# *(914) 248-2442 Email: vfarlow@pnwboces.org*

# CONSENT/DECLINATION FORM FOR HEPATITIS B VACCINATION

I understand the benefits and risks of Hepatitis B Vaccination. I understand that I must receive at least 3 intramuscular doses of vaccine in the arm over a 6-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

I understand that pre-vaccine blood testing for immunity is available.

I understand that participation is voluntary and my consent or refusal of vaccination does not waive any rights that pertain to me as a student.

I decline to be immunized at this time. In the event of an accidental exposure, I will

report the incident immediately to the Health Office and consult with my health care provider regarding post-exposure prophylaxis.

Student Name (Please Print):

Student Signature:

Student Date of Birth: Date:

**Certification**

I certify that I have explained the reasonable risks and benefits of Hepatitis B Vaccine to

(insert student’s name) in a manner which permits

the patient to make a knowledgeable decision.

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Print Name)*

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