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HEPATITIS B VACCINE OFFER FORM

Southern Oregon Head Start, as a provider of direct services to children, realizes the possibility of exposure to potentially infectious diseases. Due to the possible risk of exposure to the Hepatitis B virus (HBV), SOHS will provide eligible staff the opportunity to receive the Hepatitis B vaccine series at no cost to the employee.

Please check one selection below:

I would like to receive the Hepatitis B vaccine series.

By signing this offer, I understand that it is my responsibility to contact Human Resources and follow the required procedure for receiving the Hepatitis B vaccine series. I also understand that if I start the procedure and fail to complete it according to the required schedule, SOHS may not pay for the cost to receive the series at a later date.

I decline the Hepatitis B vaccination at this time.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. If in the future I want to begin the Hepatitis B Vaccination series, I can contact Human Resources to receive it at no charge so long as I have not previously started the vaccine series while employed by Southern Oregon Head Start. I understand that it is my responsibility to contact the Human Resource Department to request the series.

Schedule for Hepatitis B and Titer

1st vaccination

2nd vaccination: 1+ month after the 1st vaccination

3rd vaccination: 2+ months after the 2nd vaccination AND 4+ months after the 1st vaccination

Titer - 4 to 6 weeks after the 3rd vaccination

Name _____

Position _____

Center _____

Signature

Date

RETURN THIS FORM TO THE HUMAN RESOURCE DEPARTMENT