



State of Montana
DEPARTMENT OF CORRECTIONS
ACCEPTANCE/DECLINATION STATEMENT

I have read the above statement about Hepatitis B injection and Hepatitis B vaccines. I have had an opportunity to ask questions, and I understand the benefits and risks of vaccination. I am aware that the vaccine is administered intramuscular. I understand that I must have three consecutive doses of vaccine to confer immunity to Hepatitis B. 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 of the vaccine.

_____ I choose to receive Hepatitis B (Recombinant) vaccine. I hereby release the State of Montana, the Department of Corrections, and any of its officials and employees from any liability incurred through normal operation of this program.

Signature: _____ Date:

Name: (Please print) _____

DECLINATION 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 vaccination at this time. 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 have occupational exposure to blood, or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ I choose not to receive the Hepatitis B vaccine at this time. However, I reserve the right to request inoculation at a future date.

Signature: _____ Date:

Name: (Please print) _____