



NORTHAMPTON COUNTY

Department of EMERGENCY MEDICAL SERVICES



STANDARD OPERATING GUIDELINES

TOPIC: HEPATIS B VACCINE DECLINATION	SOG #: 2.3.3
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Status: ACTIVE	Written: 04/13/2010
Written by: Hollye B. Carpenter	Revised: 02/12/2013
Approved by: Hollye B. Carpenter	Adopted: 01/01/2013

PURPOSE

To establish a form to document Hepatitis B Vaccine declination

SCOPE

All EMS Providers

CONTENT

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 the 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 and 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 am declining due to the following reasons: (check all that apply)

- I have already been vaccinated.
- I am allergic to components of the vaccine (specify) _____.
- I don't believe in vaccines.
- I won't take the vaccine because of side effects.
- I don't believe this vaccine is important.
- Other (specify) _____

EMS Provider's Name (printed): _____

EMS Provider's Signature: _____ **Date:** _____

EMS Officer's Name (printed): _____

EMS Officer's Signature: _____ **Date:** _____