

Kannapolis City Schools
Hepatitis B Vaccination Consent Form

Employee Name: _____ Payroll ID # _____

Job Title: _____ School: _____

Consent:

I have chosen to receive the hepatitis B vaccine due to my possible occupational exposure to blood or other potentially infectious materials that may place me at risk for hepatitis B Virus (HBV) infection.

I have been given the Vaccine Information Sheet for hepatitis B vaccine.

Employee Signature: _____ Date: _____

Return completed form to Human Resources-Kannapolis City Schools-Central Office