State University of New York
SUNY Canton
Canton, New York

Dental Hygiene Program
Consent/Waiver Form for HEPATITIS B VACCINATION

Consent for Hepatitis B Vaccination

I understand that I may be at risk of acquiring the Hepatitis B virus (HBV) during my daily occupational exposure to blood and other potentially infectious materials in the dental clinic.

I understand the materials that were provided to me during orientation which explain the benefits and risks of the 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. I also understand, 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 participation is voluntary during the freshman year of study.

______ I request to be vaccinated for Hepatitis B. I understand this vaccine will be made available at a minimal fee through the College Health Center (around $30.00 per immunization) or I may receive it through a provider of my choice.

______ 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 that could have a detrimental effect on my liver and quality of health. In the event of an accidental exposure in the clinical setting, I will report the incident immediately to my supervising instructor and will follow the dental hygiene clinic’s post exposure protocols; and will notify the College Health Center of all exposures. I also understand that the off-campus clinical rotations assigned the sophomore year do require confirmation of completion of the Hepatitis B series.

______ I have already been vaccinated against Hepatitis B and understand I must provide the College Health Center with documentation for the vaccine.

Series Dates: 1. ______________________
              2. ______________________
              3. ______________________

__________________________________________  __________________
SIGNATURE                      DATE