

Tehama County Department of Education

**INFECTIOUS DISEASE (HEPATITIS B)
HOLD HARMLESS & INFORMED CONSENT FORM**

The undersigned employee of the Tehama County Department of Education is aware of the following facts: Hepatitis B is a relatively common problem in students with profound mental and/or physical impairments who have previously resided in an institutional setting. The staff which serves students with profound mental and/or physical impairments who have previously resided in an institutional setting, especially those students with more aggressive behavior problems, will continue to be at risk for developing a Hepatitis B infection. Although the infection itself may be mild or not apparent, it can also be responsible for severe, occasionally fatal, liver disorders, such as chronic Hepatitis or Cirrhosis. Hepatitis B infection also vastly increases the chance of an individual developing liver cancer later in life. To protect persons who serve students with profound mental and/or physical impairments who have previously resided in an institutional setting, the Tehama County Department of Public Health and the Tehama County Department of Education have recommended and are advising that staff members who work directly with students with profound mental and/or physical impairments who have previously resided in an institutional setting be immunized with Hepatitis B vaccine.

NOTE: Listed below are two available options. You must sign the option you select in the presence of the Personnel Manager or designee, who will witness your selection.

Option No. 1: I agree to be vaccinated for Hepatitis B by the Tehama County Department of Public Health. I understand that the Tehama County Department of Education will make arrangements with the Tehama County Department of Public Health for such vaccination.

Signature

Date

Witness

Date

Option No. 2: I refuse to be immunized with Hepatitis B vaccine. I accept any and all risks which could be protected against by such immunization, whether such risks are known or unknown, expected or unexpected. I hereby waive any claims, causes of action, expenses, or the like, against the Tehama County Department of Education which arise out of or relate to my possible infection with Hepatitis B. I have consulted with persons who are not agents or employees of the Tehama County Department of Education or the Tehama County Department of Public Health regarding my refusal to be immunized with Hepatitis B vaccine and my acceptance of the risks which could be protected against by such immunization.

Signature

Date

Witness

Date

Distribution: White: Personnel Yellow: Tehama Co. Public Health Health Nursing Service Pink: Employee