



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality
Department

Lusail Construction Safety Procedural Forms/Checklists – Hepatitis B Vaccination Consent / Waiver Form

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COMPANY PROPRIETARY INFORMATION

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Hepatitis B Vaccination Consent/ Waiver Form

Name (Please Print): _____ Dept: _____

Date of Birth: _____ Permit (ID) Number: _____

A. Consent for Hepatitis B Virus (HBV) Vaccination

I, _____ consent to be immunized against Hepatitis B virus and I furthermore acknowledge the following:

- I have been informed that I am at risk of acquiring Hepatitis B virus because of the nature of my professional responsibilities.
- I have read the information sheet that lists the indications, benefits, and presently known side effects of hepatitis B vaccine, have had an opportunity to ask questions, and have had them answered to my satisfaction.
- I must receive three doses of vaccine over a period of six (6) months to confer optimal immunity. I understand, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse reaction to the vaccine.
- If I experience any adverse side effects or do not become immune from the vaccine, I hereby hold (COMPANY NAME _____) harmless from any and all liability to the extent permitted under the law. If I terminate employment prior to receiving all three doses of Hepatitis B virus vaccine, I understand that it will be my responsibility to complete the vaccination series on my own initiative and at my own expense.

Employee Signature

Date

Are you currently pregnant or breast feeding?

Yes No

Dose/Site/Lot #/Initials: _____ / _____ / _____ / _____

B. Previous HBV Immunization

I, _____, have previously completed a three-dose series

Hepatitis B virus vaccination at: _____ on: _____ (DD-MM-YYYY).

Employee Signature

Date

C. Decline to Receive Hepatitis B Vaccine

I, _____ understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring HBV infection. I have been given the opportunity to be vaccinated with hepatitis B virus vaccine, at no charge to me; however, I decline the HBV vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring HBV, 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 HBV vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date