## MONTAUK FIRE DISTRICT WAIVER OF IMMUNIZATION

member's name:		
I understand that due to my occupational exposure to blo infectious materials, I may be at risk of acquiring the Hep infection. I have been given the opportunity to be vaccine vaccine at no charge to myself. However, I decline to receivaccine at this time. I understand that by declining this vat risk of acquiring Hepatitis B, a serious disease. If in the have occupational exposure to blood or other potentially it I want to be vaccinated with the Hepatitis B vaccine, I can series at no charge to me.	atitis B vir ated with t eive the Ho accine, I o e future I nfectious r	rus (HEV) the Hepatitis E epatitis B continue to be continue to materials and
Reason for non-participation/discontinuation in the Hepati	itis B prog	ram:
I have received the Hepatitis B immunization elsewhere:		
·	yes	no
If yes, was the effectiveness of the immunization subsequ	ently verif	fied?
	yes	no
Where was the immunization received?(PLEASE ATTACH PROOF)		
Member's signature	Date	
Witness (must be official of Montauk Fire Department or I	District)	

## MONTAUK FIRE DISTRICT CONSENT TO HEPATITIS B VACCINE

The Hepatitis B vaccine (Recombivax HB) is a synthetic vaccine derived genetically and produced in yeast cultures. Clinical studies have established that Recombivax HB provides about 90% protective antibodies to the Hepatitis B virus when given to healthy adults in the recommended three dose regime IM deltoid. Because of the long incubation period for Hepatitis B virus, it is possible for unrecognized infection to be present at the time the vaccination is given. Recombivax HB may not prevent Hepatitis B in such patients.

Recombitate that that her prevent reputition	B in Such putients.
There are no known serious side effects. T very low. A few persons experienced tende injection. Rash, nausea, joint pain and mile Contraindications: allergy to yeast product	erness and redness at the site of differences.
I,statement about the Hepatitis B vaccine. I questions and understand the benefits and understand that I must have all three (3) d immunity. However, as with all medical tr will become immune or that I will not expervaccine. I request that the Hepatitis B vaccine.	risks of Hepatitis B vaccinations. I loses of the vaccine to confer reatment, there is no guarantee that I rience adverse side effects from the
I understand if the series of three (3) shots set by the Fire District physician, it will bec series of inoculations at no cost to the Mon	ome my responsibility to complete the
Vaccine administered by:	
Date of first dose:  Date of second dose:  Date of third dose:	
Member's signature	Date
Witness signature (Physician)	_