


<p><b>TOWNSHIP OF VERONA</b> <b>COUNTY OF ESSEX, NEW JERSEY</b></p>  <p><i>POLICIES AND PROCEDURES</i></p>	Policy Title:	Hepatitis B Vaccinations
	Policy Reference No:	5-7
	Release Date:	25-March-2021
	Approved By:	Matthew Cavallo, Township Manager
	Authority:	§ 79 (C)
	Revision History:	1
	No. of Pages:	2
	Applicability:	All Employees & Volunteers

The Township provides Free Hepatitis B Vaccinations to all employees, if you did not already have the initial series of shots.

The Hepatitis B Vaccination is a series of three shots, and it is highly advised you take advantage of this program. If you would like the Hepatitis B shots, contact the Township Manager's office to make arrangements. For employees under the age of 18, parent/guardian permission is required.

If an employee is unsure if they have been vaccinated for Hepatitis B and is unable to receive confirmation from their primary physician, the Township will provide the employee the opportunity to receive a Hepatitis B titer test prior to the vaccination series.

Any employee who is declining this offer must submit the attached Declination Form to the Township Manager's Office.

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Revision No.	Revision Date	Nature of Revision	Approved By
1	25-March-2021	Modified Authority, Release Date, Revision History & Applicability in header	MAC

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### HEPATITIS B VACCINE DECLINATION FORM

I \_\_\_\_\_ understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been provided the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, 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. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
NAME PRINTED

\_\_\_\_\_  
DATE

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SIGNATURE

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DEPARTMENT/DIVISION