

	<b>Lower Providence Emergency Medical Service Standard Operating Guidelines</b>	
	<b>Subject:</b> <i>Infection Control</i> – Informed Denial Waiver (HAV) Vaccination	<b>SOG #300-001H</b>
	<b>Approved:</b> Chief Christopher J. Reynolds	<b>Initiated:</b> January 2022  <b>Revised:</b> N/A

### Informed Denial for Hepatitis A (HAV) Vaccination

I have attended an education session on Hepatitis A. The session included information regarding the Hepatitis A Vaccine, and I understand the risks and the benefits associated with receiving the series of three injections.

I understand that I may be occupationally exposed and are at risk to acquiring the Hepatitis A virus. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) recommend that I should be vaccinated for the Hepatitis A Virus.

I have been given the opportunity to receive the Hepatitis A vaccinations at no charge to myself. However, I decline the Hepatitis A vaccination currently. I understand that I am at risk of acquiring Hepatitis A without my knowledge and maybe unprotected by choosing not to accept that vaccination series. I understand that I will be able to obtain the vaccination series in the future if decide to change my decision.

Member Name : \_\_\_\_\_

Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_

