



## HEPATITIS B VACCINE FORM

Please sign only one of the following choices:

**1. I have already had the Hepatitis B Vaccination series done on \_\_\_\_\_**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of Agency

\_\_\_\_\_  
Date

### **2. Hepatitis B Vaccination – Acceptance**

I have been oriented to the nature of the Hepatitis B virus and the risk of contacting the virus as a health care worker. I would like to get the Hepatitis B Vaccination at \_\_\_\_\_ at no charge to myself, provided I am an active employee (per Agency Agreement) at the time of the In-Service.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of Agency

\_\_\_\_\_  
Date

### **3. Hepatitis B Vaccination – Declination**

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 given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of Agency

\_\_\_\_\_  
Date