

HEPATITIS B VACCINE CONSENT / DECLINATION

Complete on of the following:

I. Acceptance of Hepatitis B Vaccine

I acknowledge that I am at risk of exposure or have been unknowingly exposed to the Hepatitis B virus as a result of my employment and acknowledge that the agency will arrange for me to receive the Hepatitis B Vaccine at no cost to myself. It is my decision to request that I receive the Hepatitis B Vaccine. **Schedule vaccination with your recruiter.**

Employee Signature: _____ Date: __ / __ / ____

II. Declination of Hepatitis B Vaccine

I am refusing the Hepatitis B Vaccine and hold harmless the Agency. 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 Hepatitis B. Vaccination.

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 want to be vaccinated with the Hepatitis B Vaccine, I may receive the Hepatitis B Vaccination Series at no charge to me.

Employee Signature: _____ Date: __ / __ / ____

III. Documentation of Hepatitis B Vaccine Series

I have received the complete Hepatitis B Vaccine Series, and have attached to this form the documentation, which proves my receipt of the HBV Series.

- Provide written proof of immunity (attach supportive documentation)
- Provide written proof of previous vaccination (attach supportive documentation)
- Provide written proof of medical contraindication (attach supportive documentation)

Employee Signature: _____ Date: __ / __ / ____