

All Personnel

E 4119.43
4219.43
4319.43

**HEPATITIS B
VACCINATION FORM**

I have received information regarding avoiding exposure to Blood Borne Pathogens.

Name: _____ Site: _____

Signature: _____ Date: _____

Declination:

1. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have been given 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 the 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 may revoke this declination and receive the vaccination series at no charge to me.

Name: _____

Signature: _____ Date: _____

2. I have been previously immunized for hepatitis B (HBV) and do not require additional vaccination.

Name: _____

Signature: _____ Date: _____

3. I have been tested for hepatitis B (HBV) and have been shown to be immune.

Name: _____

Signature: _____ Date: _____

4. I decline hepatitis B (HBV) vaccine due to medical/religious reasons.

Name: _____

Signature: _____ Date: _____

Acceptance

I accept my employer's offer for the hepatitis B (HBV) vaccination.

Name: _____

Signature: _____ Date: _____