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We take staffing close to our heart.

Name: _____

Position: _____

HEPATITIS B VACCINE CONSENT/DECLINATION

I acknowledge that I am at risk of exposure 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

_____ refuse 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 the 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 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 want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

_____ 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)

Signature: _____ Date: ____/____/____

Supervisor or witness: _____ Date: ____/____/____