



HEPATITIS B VACCINE FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine at no charge to myself.

I accept the offer for the Hepatitis B Vaccination.

Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____

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 Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

I decline the offer for the Hepatitis B Vaccination at this time.

Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____