



HEPATITIS B VACCINE DECLARATION

Employee: last name, first name

As a healthcare professional having occupational exposure to blood or other potentially infectious materials, which includes the risk of acquiring Hepatitis B Virus (HBV) infection.

DECLINATION

I am refusing the Hepatitis B Vaccine and hold the Agency harmless. 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. However, I decline Hepatitis B Vaccination at this time.

- I have attached documentation of previous vaccination, immunity, or medical contraindication. (check box if applicable)

Employee signature

date

CONSENT

I elect to receive the Hepatitis B vaccination series at no cost to me. I understand that I must have 3 doses of Hepatitis B vaccine to develop. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine.

Employee signature

date