



HEPATITIS B VACCINATION DOCUMENTATION

Directions: Employee needs to fill out and sign only one of these statements

I accept the offer of free Hepatitis B Vaccinations from my current employer:

Name of Employer:	
Name of Employee (Print):	Job Description:
Employee Signature:	Date:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a 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 Vaccine at this time because I have already had the vaccine series and I am providing my employer with the verification.

Name of Employee (Print)	Job Description:
Employee Signature	Date:

HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a 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 Vaccine 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 I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name of Employee (Print)	Job Description:
Employee Signature	Date: