



HEPATITIS B VACCINATION

Name: _____

Classification: _____

Please check one of the boxes below:

- Antibody Testing indicates me to be immune
- Vaccine cannot be given for medical reasons
- I have received the complete Hepatitis B Vaccination series
- I am currently receiving the Hepatitis B Vaccination
- I plan on taking the Hepatitis B Vaccination in the future

Employee Signature

Date

DECLINATION STATEMENT

I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at a higher risk of acquiring Hepatitis B. However, 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 will receive the vaccination series at that time.

Employee Signature

Date