



## HEPATITIS B VACCINATION FORM

### ACKNOWLEDGEMENT

I understand that due to the risk of occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B (HBV) infection.

I would like to receive the Hepatitis B vaccination, free of charge. I understand that the side-effects are normally mild and localized to the injection site, however, there is a rare risk of an allergic reaction.

I agree to receive the Hepatitis B Vaccination

I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time:

I have already received the Hepatitis B Vaccination.

I do not wish to receive 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. 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.

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

### DEPARTMENT INFORMATION

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_