



HEPATITIS B VACCINATION RECORD OR DECLINATION STATEMENT

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. I have been given information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

OPTION 1

I, _____ have completed the following inoculations using:

_____ Recombivax – HB Vaccine or _____ Enerix-B Vaccine

-Inoculation 1 Date: _____ Given at: _____
-Inoculation 2 Date: _____ Given at: _____
-Inoculation 3 Date: _____ Given at: _____

_____ See attached medical form for additional information.

OPTION 2

I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. I decline the 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.

I have been informed about Hepatitis B and the vaccine and at this time I am choosing:

_____ to complete the vaccination series (option 1).

_____ to decline the vaccination series at this time (option 2).

Employee Name (please print) _____

Employee Signature _____

Date: _____