

Hepatitis B Acceptance / Declination

Acceptance:

We have provided information regarding the efficacy, safety, and administration procedure for the Hepatitis B vaccination series and have offered to pay for the series. I certify that I have read and understand this policy and release the company(s) from all liability for any adverse reaction that may result from this Hepatitis B vaccine series. I am required to schedule my own appointment with the companies approved provider.

I accept the Hepatitis B vaccine series.

Signature

Date

Printed Name

Declination:

If I decline the vaccine series, I release the company(s) from all liability regarding the contraction of Hepatitis B in the performance of my employment duties.

I understand that due to my occupational exposure to blood or other potential infectious material I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I declined the mentioned vaccine at this time. I understand that by declining this vaccine I continue to be at risk of Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated, I can receive the vaccination series at no charge.

Signature

Date

Printed Name

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