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## HEPATITIS B VACCINE

Print your name: \_\_\_\_\_

Telephone: \_\_\_\_\_

I understand that due to my occupation, I may be exposed to blood or potentially infectious materials. 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 decline at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring this 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 this vaccine, I can receive this series of shots at no charge to me.

*I decline at this time:*

Signed: \_\_\_\_\_

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

*I have already received the Hepatitis B vaccine:*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Month and Year Received: \_\_\_\_\_

*I would like to pursue the series of Hepatitis B vaccine shots at no charge:*

Signed: \_\_\_\_\_

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