# [ ]  ACCEPTANCE OF HEPATITIS B VACCINE

I have received information regarding the Hepatitis B Virus and the vaccine. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I understand the benefits and risks of the vaccine and I accept to receive the vaccine series—totaling three injections.

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Employee Name (Print) Employee Name (Signature) Date

# [ ]  DECLINATION OF HEPATITIS B VACCINE

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 the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to me; however, I decline 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 (OPIM) and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series, at no charge to me.

[ ]  I am declining because I have previously completed the Hepatitis B vaccination series.[ ]  I am declining because I choose not to have the Hepatitis B vaccination series.

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