

**HEPATITIS B VACCINE
REQUEST/REFUSAL FORM**

Employee Name _____

Date _____

I have received further instruction concerning the risk of exposure to Hepatitis B as a health care worker. I have also been instructed in standard precautions and other safety measures that will prevent contracting this virus.

I understand that although there are risks associated with the Hepatitis B Vaccine, it does reduce the risk of serious disease should exposure to the Hepatitis B Virus Occur

REQUEST FOR HEPATITIS B VACCINE

I hereby elect to receive the Hepatitis B Vaccine series provided to me free of charge by my employer.

REFUSAL 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 myself. However, I decline Hepatitis B vaccination at this time. I understand that 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 refuse the offer of the Hepatitis B Vaccine at this time.

_____ I have received the series of three Hepatitis B vaccine injections and voluntarily choose to refuse receiving it again.

Employee Signature _____

Date _____