HEPATITIS B VACCINE REQUEST

IF THERE IS A POSSIBILITY OF PREGNANCY, DO NOT RECEIVE VACCINATION

Employee Name	Job Title	Department
I understand the extent of m materials.	y occupational risk of exposur	re to blood and other potentially infectious
infection) and the hepatitis F		derstand about hepatitis B virus (HBV I would like to exercise my right to be yself.
I understand my responsibili assure optimal immunization	5	series as outlined by the facility in order to
Witness		Signature of employee
Date		
	HEPATITIS B VACCINE D	ECLINATION
Employee Name	Job Title	Department
may be at risk of acquiring t be vaccinated with the hepat vaccination at this time. I un hepatitis B, a serious disease	he hepatitis B virus (HBV) in itis B vaccine, at no charge to derstand that by declining this e. If in the future I continue to als and I want to be vaccinate	od or other potentially infectious materials, fection. I have been given the opportunity to myself. However, I decline hepatitis B s vaccine, I continue to be at risk of acquiring have occupational exposure to blood or oth d with hepatitis B vaccine, I can receive the
Witness		Signature of employee
 Date		