
Print Name _____

WAIVER OF HEPATITIS 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 HBV vaccine at no charge to myself. However, I decline the 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, and I want to be vaccinated with HBV vaccine, I can receive the vaccination series at no charge to me.

I have already had this vaccination series

I do not wish to have this vaccination series

Employee Signature _____ Date _____

ACCEPTANCE OF HEPATITIS 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 will take the opportunity presented by TruLife Health Services to be vaccinated with Hepatitis B Vaccine, at no charge to myself.

I am responsible for arranging a mutually convenient time with the physician identified by **TRULIFE HEALTH SERVICES** and will follow through on the timely completion of the series of vaccinations until an effective immunity level is achieved.

Employee Signature _____ Date _____

Record of Hepatitis vaccinations		