



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 vaccination, at no charge to myself. 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 hepatitis B vaccine, I can receive the vaccination series at no charge.

- I decline the hepatitis B vaccine at this time _____
- I have already received the hepatitis B vaccine and will contact my base for further actions _____
- I would like to receive the hepatitis B vaccine and will contact my base for the vaccination series _____

Signature: _____ Date: _____