

**HEPATITIS B VACCINATION STATUS**

Name:\_\_\_\_\_ Classification:\_\_\_\_\_

The Hepatitis B Vaccination will be made available to all healthcare personnel after personnel have received the required education/training within 10 working days of initial assignment and to all who have occupational exposure, unless the health care personnel are exempted from having the Hepatitis B Vaccination series for any of the following reasons:

- \_\_\_\_\_ Antibody testing indicates me to be immune.
- \_\_\_\_\_ The vaccine cannot be given for medical reasons.
- \_\_\_\_\_ I have received the complete Hepatitis B Vaccination.
- \_\_\_\_\_ I would like the Hepatitis B Vaccination.
- \_\_\_\_\_ I am currently receiving the Hepatitis B Vaccination.

**DECLINATION STATEMENT**

I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring Hepatitis B. I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at higher risk of acquiring Hepatitis B. However, if in the future I continue to have occupational exposure to blood or other potentially infectious material and want to be vaccinated with the Hepatitis B Vaccine, I will receive the Vaccination series at that time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Job Title