**HEPATITIS B**

**DOCUMENTATION FORM**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPLETE THE SECTION WHICH PERTAINS TO YOU**

I have already received the Hepatitis B vaccination. (Documentation required)

Dates: #1\_\_\_\_\_\_\_\_\_\_\_#2\_\_\_\_\_\_\_\_\_\_\_#3\_\_\_\_\_\_\_\_\_\_\_\_Titer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(attach results if already done)

Signature of Agent/Agency providing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEPATITIS B VACCINATION DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at my expense. However, I decline the Hepatitis B vaccination at this time. I understand that by declining the Hepatitis B vaccine I continue to be at risk of acquiring Hepatitis B as 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 the Hepatitis B vaccine, I can receive the vaccination series at that time.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_