

## HEPATITIS B ACCEPTANCE/DECLARATION/CURRENT IMMUNIZATION

You have the right to request or decline the Hepatitis B (HBV) vaccination series. You should have already received training on the risks and prevention of occupational exposure to blood borne pathogens, including HBV, and had an opportunity to ask questions. If you have not completed the training, please do so before filling out this form.

If you have received the training:

1. Select Option A, B or C below, and print your name, date and sign this form.
2. Print form sign and return via fax/scanned email and or mail via USPS

### Option A – Accept the Vaccination

**Request to receive Hepatitis B Vaccination:**

I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job. I understand that I may be at risk of acquiring hepatitis B virus (HBV) infection. I acknowledge that I have been provided information on the hepatitis B vaccine, including information on its effectiveness, safety and method of administration and the benefits of being vaccinated. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. I request to receive the vaccination series. I have completed blood-borne pathogen training and have understood the information presented to me about hepatitis B virus and hepatitis B vaccine and have had the opportunity to ask questions. My questions have been answered. I want to participate in hepatitis vaccination program I understand. This includes three (3) intramuscular injections over a six (6) month period. I understand that there is no guarantee that I will become immune to hepatitis B and that I might experience an adverse side effect as a result of the vaccination.

### Option B – Already Immunized:

**Statement of Current Immunization**

I attest that I have already been immunized against hepatitis B virus (HBV) infection.

### Option C – Decline to be Immunized

**Hepatitis B Vaccine – Declination Statement**

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 vaccine, at no charge to myself. However, I decline hepatitis B vaccine 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me. All of my questions regarding the risk of acquiring hepatitis B virus, and the hepatitis B virus vaccination process, have been answered to my satisfaction.

Employee Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Return via Fax to 800-331-1531 and mail to  
Nursing Group, P.O. Box 446 Round Rock, Tx 78681