



## LOWE'S - HEPATITIS B DECLINATION FORM

I understand that due to my potential exposure to blood or other potentially infectious materials I may be at risk of acquiring the hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated (at no charge) with the hepatitis B vaccine, however, **I decline the hepatitis vaccine at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B. In the future, if I continue to have occupational exposure to blood and other potentially infectious materials and want to be vaccinated with the hepatitis B vaccine, I can receive the vaccine series at no charge.

Lowe's Location Number \_\_\_\_\_

Lowe's Sales ID \_\_\_\_\_

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

Associate's Signature: \_\_\_\_\_

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

**Witness Signature (MOD)** \_\_\_\_\_

## OR

I decline the Hepatitis B vaccine on this date. I have previously received the vaccine and submit verification as detailed below:

1<sup>st</sup> Dose Date: \_\_/\_\_/\_\_ Administering Location: \_\_\_\_\_

2<sup>nd</sup> Dose Date: \_\_/\_\_/\_\_ Administering Location: \_\_\_\_\_

3<sup>rd</sup> Dose Date: \_\_/\_\_/\_\_ Administering Location: \_\_\_\_\_

Lowe's Location Number \_\_\_\_\_

Lowe's Sales ID \_\_\_\_\_

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

Associate's Signature \_\_\_\_\_

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

**Witness Signature (MOD)** \_\_\_\_\_

**MOD or designate to file this form in the associate's file at their domicile location.**



## LOWE'S - HEPATITIS B CONSENT & RELEASE FORM

1. I desire to receive a Hepatitis B immunization from a Lowe's sponsored Hep B vaccine administrator (CVS).
2. I understand that the vaccine against Hepatitis B is prepared from recombinant yeast cultures and is free of association with human blood or blood products.
3. If I am allergic to yeast, I should not receive this vaccine.
4. If I have an active infection, I should not receive this vaccine.
5. If I am on hemodialysis, I should not receive this vaccine without further evaluation.
6. If I am pregnant, or trying to become pregnant, or breast feeding, I must obtain written authorization from my personal physician before receiving this vaccine.
7. If I have taken a drug or have undergone treatment that lowers the body's resistance to infection, I should not receive this vaccine without further evaluation.
8. If I have an immune deficiency, I should not receive this vaccine without further evaluation.
9. If I have problems with my heart or lungs, I should not receive this vaccine without further evaluation.
10. If I have a bleeding disorder that prevents me from receiving an intramuscular shot, I should not receive this vaccine without further evaluation.

I am not aware of a medical or other reason why I should not receive the Hepatitis B vaccination. I have been advised by my employer that I should seek the guidance of my healthcare provider as to whether there is a medical reason why I should not receive the Hepatitis B vaccination. I have been notified of my susceptibility of occupational exposure to Hepatitis B, have been made aware of the potential consequences, and acknowledge that my employer recommends me to obtain the Hepatitis B vaccination. I have had an opportunity to ask questions and received answers to my satisfaction.

Lowe's Location Number \_\_\_\_\_ Lowe's Sales ID \_\_\_\_\_

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

Associate's Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_

**Witness Signature (MOD)** \_\_\_\_\_

1<sup>st</sup> Dose Date: \_\_/\_\_/\_\_ Administering Location: \_\_\_\_\_

2<sup>nd</sup> Dose Date: \_\_/\_\_/\_\_ Administering Location: \_\_\_\_\_

3<sup>rd</sup> Dose Date: \_\_/\_\_/\_\_ Administering Location: \_\_\_\_\_

**MOD or designate to file this form in the associate's file at their domicile location.**