



HEPATITIS B VACCINE ACCEPTANCE/DECLINATION FORM ABOVE AND ABEYOND CARE HEALTHSYSTEM

ACCEPTANCE:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of being infected by bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B (HBV) vaccine. Based on the training I have received, I am making an informed decision to accept the Hepatitis B (HBV) vaccine.

DECLINATION:

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 vaccination 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.

CHECK ONE:

I ACCEPT Hepatitis B vaccine inoculation

I DECLINE Hepatitis B vaccine inoculation

Employee Name (print): _____ Title: _____

Employee Signature: _____ Date: ____/____/____

Witness Name (print): _____ Title: _____

Witness Signature: _____ Date: ____/____/____

Rev. _____