**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Check One of the Following:**

**I Accept the Hepatitis B Vaccination:**

I have been informed of the biological hazard that exist in my workplace, and I understand the risk of exposure to blood or other potentially infections 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, method of administration and the benefits of being vaccinated.

I understand that I am responsible for scheduling and receiving my own Hepatitis B vaccine through my person health care provider in accordance with the recommended series (three vaccination series; second vaccine one month after first vaccine; and third vaccine within five months of second vaccine).

**I decline the Hepatitis B Vaccination:**

I understand that due to my occupational exposure to blood and other potentiality infectious materials I may be at risk of acquiring Hepatitis B virus. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B.

**Please check one of the following if you are declining:**

I am declining because I have previously completed the Hepatitis B vaccination series.

I am declining because I choose not to have the Hepatitis B vaccination series.

Employee Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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