

HEPATITIS B FORM

As an employee having occupational exposure to potentially infectious materials, you will have the right to receive the Hepatitis B vaccination series, free of charge to you. Complete this form by checking the appropriate box preceding the appropriate statement and signing and dating at the bottom.

- 1. CONSENT TO GET VACCINATED:** As a healthcare professional having occupational exposure to blood or other potentially infectious materials, which includes the risk of acquiring Hepatitis B virus (HBV) infection, I have been informed about and offered the opportunity to receive the Hepatitis B vaccine (to be paid for by my current employer). I understand that I must have 3 doses of vaccine to develop immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effect from the vaccine. I accept the offer at this time.
- 2. DECLINE TO GET VACCINATED:** 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 (HVB) 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, while actively working with CoreMedical Group, if 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 it at no charge to me.

If declining, please select one of the following reasons:

- Decline because I have already received the complete Hepatitis B vaccination series
- Decline because I have already received an antibody titer showing immunity
- Decline for medical reason/other

Employee Signature

Date

Print Employee Name