



PLEASE READ CAREFULLY:

*You must select **only one** of the following two choices, by signature:*

VOLUNTARY EMPLOYEE IMMUNIZATION HEPATITIS "B" VACCINATION

(Please print the following information legibly)

NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT OCCUPATION (title): _____

AUTHORIZATION FOR HEPATITIS "B" VACCINATION

1. I understand that, due to my occupational exposure to blood or other potentially infectious, materials, that I may be at risk of acquiring the Hepatitis "B" infection.
2. I have been given the opportunity to be vaccinated with Hepatitis "B" vaccine by medical personnel designated by my employer, and at no cost to myself.
3. I authorize such medical personnel designated by my employer to give me the Hepatitis "B" vaccine.
4. I acknowledge receipt of the information sheet titled "*Hepatitis B Vaccine: What You Need to Know.*"

EMPLOYEE SIGNATURE _____ DATE: _____

DECLINATION OF HEPATITIS "B" VACCINATION

1. I understand that, due to my occupation, I have a potential risk of exposure to blood or other potentially infectious materials, which may place me at risk of acquiring the Hepatitis "B" virus (HBV) infection.
2. I have been given the opportunity to be vaccinated with Hepatitis "B" vaccine, by medical personnel designated by my employer at no charge to myself. However, I decline vaccination at this time.
3. I understand that, by declining this vaccination that I continue to be at risk of acquiring Hepatitis "B", a serious disease.
4. I acknowledge receipt of the information sheet titled "*Hepatitis B Vaccine: What You Need to Know.*"

5. If in the future, I continue to have occupational exposure to blood or other potentially infectious material, and I wish to be vaccinated with the Hepatitis "B" vaccine I can change this request and receive the vaccination, at no charge to me.

EMPLOYEE SIGNATURE _____ DATE: _____