



Hep B Statement

Employee Name: _____ Date of Hire: ____/____/____

____ 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 the Hepatitis B vaccine at no charge to me.

I have decided to:

____ request that I receive the hepatitis B Vaccine.

____ decline vaccination due to:

____ titre evidence immunity (written proof required)

____ previous Hepatitis B Vaccination (written proof required)

____ medical contraindication

Contraindications include: pregnancy, active infection such as cold or bronchitis, lactation, allergy to yeast or yeast products

I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B Virus infection. If in the future I continue to have occupational exposure to blood or any other potentially infectious materials and I want to be vaccinated with the Hepatitis B Vaccine I will consult with my physician and obtain written approval before receiving the Hepatitis B Vaccine. I understand I can then receive the Hepatitis B vaccine at no charge to me.

____ I decline for other personal reasons.

I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B Virus infection. If in the future I continue to have occupational exposure to blood or any other potentially infectious materials and I want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccine series at no charge to me.

Employee Signature _____

Social Security # and Date _____ - _____ - _____ / ____ / ____

Witness and Date _____ / ____ / ____

Employment Termination Date _____ / ____ / ____

Please print and fax this completed form to our HR Department at 1-866-655-4347