

Hepatitis B Vaccination Acknowledgement

Name

Date

The Hepatitis B Vaccination will be made available to all PearlCare Medical Staffing employees. I understand that the risk of HBV (Hepatitis B Vaccination) is a serious disease and understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at a higher risk of acquiring Hepatitis B.

Please state below whether or not you will be accepting or declining the Hepatitis B Vaccination at this time. Please provide a reason for the acceptance or declination as well. Thank you.

Accept

Decline

Reason: Antibody testing indicates me to be immune

The vaccine cannot be given for medical reasons

I have received the complete Hepatitis B Vaccination series

I am currently receiving the Hepatitis B Vaccination

Other _____

Signature

Date

I attest by signing this document that all information provided is true to the best of my knowledge