

HEPATITIS STATUS

Name _____

Date _____

Please choose one of the following options

Option #1

Hepatitis Declination

I may be at risk of acquiring the Hepatitis B Virus due to my occupational exposure to body fluids, blood and other materials that may be potentially infectious. I acknowledge that I am aware of this vaccine and that it is available to me by my employer, and that I will be solely responsible for any exposure to the Hepatitis B virus. However, I decline the Hepatitis B vaccination even though I am fully aware of the potential risk of acquiring this disease.

Signature_____
Date

Option #2

Hepatitis B Vaccine Series
(Current within 10 years)

#1 _____
Date#2 _____
Date#3 _____
Date

COPIES OF TEST RESULTS MUST BE ATTACHED TO BE VALID

Option #3

OR Hepatitis B Titer
(Current within 10 years)

Date_____
Immune

COPIES OF TEST RESULTS MUST BE ATTACHED TO BE VALID