

HBV VACCINE / WAIVER FORM

Employee Name: _____ Date of Hire: _____
Print Name

Social Security Number: _____

I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) Infection. **I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself.** I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, 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 the vaccination series at no charge to me.

I have been advised of my rights to accept or decline the HBV Vaccine. HBV (Hepatitis B Virus) has been fully explained to me.

_____ **I choose to waive my rights to receive the HBV Vaccine**

_____ **I choose to receive the HBV Vaccine and I understand that the vaccine is given in a 3 part series.**

Series # 1 Date	Series # 2 Date	Series # 3 Date

Employee Signature

Date

Agency Rep. Signature

Date