



Premier Healthcare Professionals

HEPATITIS B VACCINE CONSENT / DECLINATION

I. Acceptance of Hepatitis B Vaccine

I acknowledge that I am at risk of exposure or have been unknowingly exposed to the Hepatitis B virus as a result of my employment. It is my decision to elect to receive the Hepatitis B Vaccine.

Employee: _____ Date: _____

VACCINATION RECORD

	Date vaccinated	Lot Number	Expiration Date	Given By
1st Dose	_____	_____	_____	_____
2nd Dose	_____	_____	_____	_____
3rd Dose	_____	_____	_____	_____

II. Declination of Hepatitis B Vaccine Series I am refusing the Hepatitis B Vaccine and hold harmless Premier Healthcare Professionals. 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 Hepatitis B Vaccination.

I decline Hepatitis B Vaccination at this time. I understand that by declining the vaccine, I continue to be at risk for acquiring Hepatitis B, a serious disease. If in the future, while actively employed by Premier Healthcare Professionals, I continue to have occupational exposure to blood and other potentially infectious materials and want to be vaccinated with the Hepatitis B Vaccine, I can do so.

Employee: _____ Date: _____