HEPATITIS B VACCINATION FORM

Certification of Hepatitis B Inoculation

I certify that _________________________ was inoculated against Hepatitis B on the following dates:

First: Date _______________ Lot No. _______________ __________________ RN Administering

Second: Date _______________ Lot No. _______________ __________________ RN Administering

Third: Date _______________ Lot No. _______________ __________________ RN Administering

Release Agreement

I, _______________________________, understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine. However, I decline the Hepatitis B vaccination at this time. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination at no charge to me.

________________________________ ________________________________
Employee’s Signature Date

________________________________ ________________________________
Witness’ Signature Date