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. _______________ ________________

Second: Date ________________ Lot No. _______________ ________________

Third: Date ________________ Lot No. _______________ ________________

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