



GLOBAL ADULT CARE SERVICES

HBV VACCINE REFUSAL

HBV VACCINATION REFUSAL STATEMENT

A. 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 vaccine, at no charge to myself. However, I declined hepatitis B vaccination at this time. 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.

B. Previously HBV vaccinated:

a. Initial vaccination date: _____

b. 2nd Vaccination (1 month from initial vax) date: _____

c. 3rd Vaccination (5 months from initial vax) date: _____

C. Notes: _____

Employee Signature: _____ Date: _____