

## HEPATITIS B VACCINATION OPTION

Employee Name: \_\_\_\_\_

Residence Name: \_\_\_\_\_ (“The Residence”)

**Check ONE of the following options** (please read the text for all of the options before making a decision):

**I decline the Hepatitis B Vaccine because I have already completed my Hepatitis B vaccination series prior to employment.**

**I decline the Hepatitis B Vaccine even though I understand that I may be at risk of acquiring Hepatitis B Virus (HBV) infection** due to my occupational exposure to blood or other potentially infectious materials. I have been given the opportunity to be vaccinated with the Hepatitis B vaccination at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me if I am still employed by the Residence.

**I would like to receive the Hepatitis B Vaccination.** I understand that the series of three injections will be provided to me free of charge if I remain employed by the Residence for the duration of the series. I understand that it is my responsibility to contact the Residence’s contracted agency to schedule the vaccine series. I understand that as with all medical treatment, there is no guarantee that I will not experience an adverse side effect to the vaccine or fail to become immune. I further agree not to hold the Residence at fault for my decision or for any side effects related to the Hepatitis B Vaccine.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date