



HEPATITIS B VACCINE DECLINATION

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 decline hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I have an occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I will receive the vaccination series and I will provide Independent Nursing Services, Inc. with documentation stating I have received the Hepatitis B Vaccine which will be kept on record with Independent Nursing Services, Inc.

Signature of employee

Signature of employer or agent

Date: _____

Fax completed form to (586) 771-4205 or e mail Dan@independentnursing.com