



HEPATITIS B

Name: _____

_____ RN

_____ LPN

_____ CNA

_____ I have completed the Hepatitis B Vaccination series _____ year series completed.

Contractor Signature

Date

_____ I Decline the Hepatitis B Vaccination

Declination Statement

By declining the Hepatitis B Vaccination, I understand that I continue to be at risk of acquiring Hepatitis B. I understand that due to my occupational exposure to blood and other potentially infectious material I may be at a higher risk of acquiring Hepatitis B.

Contractor Signature

Date