



Hepatitis B Vaccination Declination

OSHA requires all health care workers to have the opportunity to have the Hepatitis B Vaccination offered to them, by their employer.

1. If you decline to have the Hepatitis B Vaccine, please indicate this by signing and dating under Declination.
2. If you have completed the vaccination series, please indicate this by signing and dating under Completed Series. You must provide documentation of the vaccinations if you sign that you have completed the series.
3. If you are in the process of receiving the series, please indicate this by signing and dating Vaccinations in Progress. Please indicate if you require a dose of the vaccine.

I understand that I will be provided appropriate training at my assigned workplace and will adhere to the policies and procedures of the facility to which I am assigned. I understand that due to my occupational exposure to blood and/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 the Hepatitis B vaccine, at no cost to me, while on active assignment with HealthSource Global Staffing.

DECLINATION

I decline the Hepatitis B vaccine series. 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 infectious material and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to myself, while on assignment with HealthSource Global Staffing. I accept the responsibility to inform HealthSource Global Staffing of this decision at that time.

Date _____ Signature _____

COMPLETED SERIES

I understand the OSHA guidelines and decline because I have completed the Hepatitis B Vaccination. I will provide documentation of the series to HealthSource Global Staffing.

Date _____ Signature _____

VACCINATIONS IN PROCESS

I understand the OSHA guidelines and need #_____ or booster in the series. I will make arrangements to complete the series or booster, or if on assignment, I will make arrangements with HealthSource Global Staffing to receive this dose of the vaccine series. I will provide documentation of the series/booster to HealthSource Global Staffing and provide appropriate updates.

Date _____ Signature _____