



REQUEST or DECLINE A HEPATITIS B VACCINE

I hereby request the series of Hepatitis B vaccine injections. _____

I hereby decline the series of Hepatitis B vaccine injections because:

1. I have previously received the series of Hepatitis vaccine injections. _____
2. I have been determined to have antibodies against Hepatitis B. _____
3. I should not have the Hepatitis B vaccine because of medical reasons. _____

I hereby decline the Hepatitis B vaccine injections. _____

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 the Hepatitis B vaccine, at no charge to me; 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.

ANGEL HEART HOME CARE LLC does not provide reimbursement for these vaccines. If you have a client who has one of these diagnoses you will be fully trained on how to handle them prior to working.

Employee Signature: _____ Date: _____

Print Name