

HEPATITIS B VACCINATION WAIVER

Name: _____ Employee Number _____

Please mark one:

- I elect not to be vaccinated at this time. (I understand that due to the nature of my professional responsibilities, I may be at risk for acquiring the Hepatitis B virus (HBV)). I have been given the opportunity to be vaccinated against Hepatitis B at no cost to myself, and I have declined the vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B. I understand that if I so choose, I can elect to receive the vaccination series in the future.
- I have completed the 3-dose Hepatitis B vaccine on the following dates:

1st dose _____ 2nd dose _____ 3rd _____

Signature of Health Care Provider, verifying above dates

Date

Employee signature: _____

Date: _____

Principal: _____

Date: _____