Hepatitis B Vaccination Form

* Hepatitis B is transmitted through contact with blood or body fluids, or through sexual contact. I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection during my work as a caregiver.
* Hepatitis B vaccination is a common childhood vaccination that is now recommended for all persons prior to adolescence. You may have already been vaccinated against Hepatitis B, it is a series of three shots given over a 6 month period of time.
* If you have not been vaccinated for Hepatitis B, and do not have health insurance which provides Hepatitis B vaccination, Blueberry Gardens will provide the Hepatitis B vaccine series to you at no charge through a local clinic. This will be arranged by Blueberry Gardens.

I have already received the Hepatitis B vaccination series.

I decline 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 hepatitis B vaccine, I can request and receive the vaccination series at no charge

to me.

I accept the opportunity to be vaccinated against Hepatitis B, which will be arranged at no cost to me through my Employer at a vaccination site of their choice.

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Employee’s Name (PRINT)

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Employee’s Signature

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Date