



HEPATITIS B VACCINATION FORM

I understand that due to my occupation's exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring the hepatitis B virus (HBV) and developing an infection and potentially serious disease. The Program Handbook contains information from the Centers for Disease Control and Prevention on the hepatitis B virus and the hepatitis B virus vaccine. I have reviewed this information, and I have had the opportunity to discuss any related questions with a health care provider.

I understand the clinical aspects of an HBV infection, including the most common routes of transmission, symptoms of infection, and long-term prognosis. I also understand the benefits of the vaccination, as well as its most frequent risks.

I understand there is no guarantee that vaccination will be effective or that my vaccination will be free of side effects. I understand that receiving the hepatitis B vaccination series is entirely voluntary, and it is my responsibility to locate a clinic/physician capable of administering the vaccination, and it will be my financial obligation in funding the vaccination series.

In reference to the Hepatitis B virus vaccination series, I choose to:

Provide evidence of previous HBV vaccination. Documentation of each dose must be included with this form.

Attain the HBV series and provide proof of each dose received. Documentation will be provided after receiving each dose in the series.

Reject the HBV vaccination.

Applicant Name:

Applicant Signature:

Date: