

# Best Nurses, Inc.

## Hepatitis B Vaccine Acceptance/Declaration Form

Employee Name/Title \_\_\_\_\_

Hire Date \_\_\_\_\_

I understand that I may be at risk of acquiring Hepatitis B Virus (HBV) due to my occupational exposure to blood, blood products or other potentially infectious materials. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine.

My decision:

\_\_\_\_\_ is to request the Hepatitis B vaccine.

\_\_\_\_\_ is to decline the vaccination due to:

\_\_\_\_\_ previous Hepatitis B Vaccination.

\_\_\_\_\_ titre evidences immunity.

\_\_\_\_\_ medical contraindication such as pregnancy, infections related to respiratory conditions (colds, bronchitis), allergy to yeast or yeast products, and breast feeding.

I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B Virus (HBV) infection. If I continue to have occupational exposure to blood, blood products, or infectious materials and I want be vaccinated wit the Hepatitis B vaccine, I will consult wit my physician and obtain written approval before receiving the Hepatitis B vaccine. I understand that I can then receive the Hepatitis B vaccine.

\_\_\_\_\_ decline for other personal reason.

I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B Virus (HBV) infection. If, in the future, I continue to have occupational exposure to blood, blood products, or any potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I may receive the vaccine series.

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date