



Hepatitis B Vaccination

First, Middle, Last Name (as appears on identification)

OSHA requires that all healthcare workers at risk of acquiring Hepatitis B have the opportunity to receive the Hepatitis B vaccination by their employer. @WORK Medical Services will provide the opportunity to you as is appropriate based upon your responses to the following:

- A. **If you have completed the vaccination series, please indicate where appropriate below.**
- B. **If you are in the process of receiving the series, please indicate where appropriate below. Please indicate if you require a dose of the vaccine while working on an assignment with @WORK Medical Services.**
- C. **If antibody testing indicates you to be immune, indicate where appropriate below.**
- D. **If you decline to have the Hepatitis B vaccination, indicate where appropriate below.**
- E. **If you would like to receive the Hepatitis B vaccination series, indicate where appropriate below.**

My signature below certifies that I have been provided with general educational materials regarding exposure to blood borne pathogens as required by OSHA regulations. Further, I understand that I will be provided appropriate training at my assigned workplace and will adhere to the policies and procedures of the facility to which I am assigned by @WORK Medical Services.

I understand that due to my occupational exposure to blood and/or 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 cost to me, while on active assignment with @WORK Medical Services.

Choose the appropriate response from the options below; sign and date where indicated:

I understand the OSHA guidelines and ...

A. ___ I completed the vaccine series on ___/___/___. (Please include copies of vaccination)

Signature: _____ Date: _____

B. ___ I need # ___ or booster, in the series. (Please make arrangements with @WORK Medical Services)

Signature: _____ Date: _____

C. ___ Antibody testing indicates me to be immune to Hepatitis B.

Signature: _____ Date: _____

D. ___ **I DECLINE the Hepatitis B vaccine series. 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 infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series, while on assignment with @WORK Medical Services. I accept the responsibility to inform @WORK Medical Services of this decision at that time.**

Signature: _____ Date: _____

E. ___ I would like to receive the Hepatitis B vaccination series. (Please make arrangements with @WORK Medical Services)

Signature: _____ Date: _____