



BLESSING CORPORATE SERVICES

I have read the statement about Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccine. I understand that I must have three (3) doses of vaccine to become immune. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

- I am allergic to yeast.
- I am not allergic to yeast

- I am not pregnant at this time.
- First series
- Second series

Employee Name (print)

Employee Signature

Date: _____ DOB: ____/____/____ Employee #: _____

Department Name: _____ Witness: _____

*VIS given/edition date: _____ / _____ Initials: _____

| Date | Site/Dose/Route | MFG & Lot # | Exp. Date | Signature |
|---------------|-----------------|-------------|-----------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| Titer Results | | Date: | | |

*****If results of titer are negative, follow-up is required*****

Hepatitis B Vaccine Refusal Statement

I understand that, due to my possible occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline this vaccine at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, as a serious disease.

- I have elected not to receive the vaccination at this time.
- I have previously received the Hepatitis B Vaccine and cannot furnish proof. Therefore, I agree to sign the refusal statement at this time.

Student Name (print)

Student Signature

Date: _____ DOB: ____/____/____