



Hepatitis B Vaccination Status

Name: _____

RN or LPN

The Hepatitis B Vaccination will be made available to all health care personnel have received the required training, within 10 working days of initial assignment and to all who have occupational exposure, unless the health care personnel are exempted from having the Hepatitis B Vaccination series for any of the following reasons:

(Check one and attach supporting documentation and/or physician's statements)

- Antibody testing indicates me to be immune
- The vaccine cannot be given to me for medical reasons
- I have received the complete Hep. B Vaccination series previously
- I would like the Hep. B Vaccination
- I am currently receiving the Hep. Vaccination

X _____
Employee

Date

**Declination Statement

I decline the Hep. B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hep. B, a serious disease. I understand that due to my occasional exposure to blood and other potentially infectious materials, I may be at higher risk of acquiring Hep. B. However, if in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the Hep. B Vaccine, I will receive the Vaccination series at that time.

X _____