

**HEPATITIS B VIRUS VACCINATION  
ACCEPT OR DECLINE FORM**

**ACCEPT \_\_\_\_\_**

I voluntarily request the vaccine series and hereby release Curastat Healthcare Group, its agents and/or employees, from any complications arising from the administration of the Hepatitis B Vaccination Series.

After the initial dose and if I remain an employee of Curastat Healthcare Group, I must return at one month and six-months to complete the series of three injections in order to ensure full immunity.

Please call the following healthcare facility to set-up an appointment to receive the Hepatitis B Vaccination Series. The healthcare facility will bill Curastat Healthcare Group directly for the Vaccination Series. The vaccine is a three series set. Series two will occur at one month from initial injection and series three will occur at six months from initial vaccination. You will be responsible to follow all instructions from the healthcare facility and will not be reminded by Curastat Healthcare Group.

|                     |  |
|---------------------|--|
| <b>Facility:</b>    |  |
| <b>Address:</b>     |  |
|                     |  |
| <b>Phone:</b>       |  |
| <b>Office Hours</b> |  |

- I have received the Hepatitis B vaccine series and have a positive Immunity to Hepatitis B.

**DECLINE \_\_\_\_\_**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine, at no charge to myself. However, I decline the Hepatitis B Vaccine at this time. 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 potentially infectious materials and want to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination series at no charge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Initial