

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

ACCEPT _____

I voluntarily request the vaccine series and hereby release Hudson Global Resources Healthcare, 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 Hudson Global Resources Healthcare, 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 Hudson Global Resources 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 Hudson Global Resources Healthcare.

Facility:	
Address:	
Phone:	
Office Hours	

- 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