MediGrace Travel Nursing

Employee Hepatitis B Declaration Form

Instructions: All employees with a job classification that puts them at risk for exposure to bloodborne pathogens must complete this form.

1. Please fill out the Employee Information section.
2. If you have already received the hepatitis B vaccination, then complete the Vaccine Received section.
3. If you have not received the hepatitis B vaccination, complete either the Acceptance or Statement of Non-Participation section.

Employee Information:

Employee Name (Print): _____ ID Number: _____

[ ] Vaccination Received

I have already received the Hepatitis B vaccination form _____
(name of physician or clinic)

Approximate dates: _____ _____ _____
1st dose 2nd dose 3rd dose

_____ _____
Employee Signature Date

[ ] Vaccination Acceptance

I have received information and training pertaining to hepatitis B and the vaccine. I have had the opportunity to ask questions, and they have been answered to my satisfaction. I understand the benefits and risk of the vaccine and I consent to receive this vaccine. I understand that I am responsible for scheduling and keeping my appointments to receive the hepatitis B vaccine in accordance with the recommended series (three-dose vaccination series, 0, 1 and 6 months apart).

_____ _____
Employee Signature Date

[ ] Vaccination Declination (Statement of Non-Participation)

I understand that due to my occupational exposure to blood or other 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 hepatitis B vaccine, at no charge to me; however, I decline hepatitis B vaccination 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 I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ _____
Employee Signature Date