



Name (print): _____

Date: _____ Department: _____

I have received and understand the information provided to me about the risks of exposure to the Hepatitis B Virus.

Signature: _____ Date: ____ / ____ / ____

Option 1

I have been vaccinated for hepatitis B at a previous time.

The dates of my vaccinations, to the best of my knowledge, are:

Vaccine 1: ____ / ____ / ____

Vaccine 2: ____ / ____ / ____

Vaccine 3: ____ / ____ / ____

Option 2

Hepatitis B Vaccine – **Decline**

I understand that I have been offered the vaccine at no cost to me.

I understand that I always have the option to receive the vaccine of a later date at no cost to me.

Signature: _____ Date: ____ / ____ / ____

Option 3

Hepatitis B Vaccine – **Accept**

All three shots are required for the vaccine to be effective

Dates of vaccinations:

Vaccine 1: ____ / ____ / ____

Vaccine 2: ____ / ____ / ____ (1 month from date of initial shot)

Vaccine 3: ____ / ____ / ____ (6 months from date of initial shot)