

HEPATITIS B VACCINATION FORM

A. **Acceptance:**

1. *I accept my employer Visalia Unified School District offer for the Hepatitis B (HBV) vaccination. I understand I must call for a vaccination appointment at VUSD Health and Wellness Clinic located at 5344 W. Cypress Ave. #102, Visalia. Contact # 931-8965.*

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

B. **Declination:**

1. *I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccination at this time. I understand that by declining the 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.*

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. *I have been previously immunized for hepatitis B (HBV) and do not require additional vaccination.*

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. *I have been tested for hepatitis B (HBV) and have been shown to be immune.*

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. *I decline hepatitis B (HBV) vaccine due to medical reasons.*

Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_