

Hepatitis B Vaccination Acceptance/Waiver

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 know the use of "universal precautions" when working is necessary for the control of infectious diseases but "universal precautions" will not necessarily protect me from contracting Hepatitis B.

- I choose to HAVE the Hepatitis vaccine
- I choose NOT to have the Hepatitis vaccine

I understand that the immunization regimen consists of three (3) doses of vaccine given according to the following schedule:

1 st Dose	At elected date
2 nd Dose	One (1) month later
3 rd Dose	Six (6) months after 1 st dose

If I choose not to have the vaccination, I release D & M from any liability, real or implied, should I contract Hepatitis B during the course of my employment with D & M. I understand that any injury I may suffer during the course of my employment with D & M that results in my contracting Hepatitis B may not be eligible for paid benefits or disability through workers' compensation insurance. 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

Supervisor Signature

Date

RECORD OF VACCINE

Date of 1st dose: _____

Date of 2nd dose: _____

Date of 3rd dose: _____