### Hepatitis B Vaccine Log

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. Persons who have never received the Hepatitis-B vaccine are offered the vaccine. Persons who have previously received the vaccine are not required to repeat the vaccine. Persons who have not previously obtained an antibody titer are not required to obtain a titer.

**Directions:** Review the sections below and mark your initials on the appropriate line.

**Accept the Vaccine:**

 Dose 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dose 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dose 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Titer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Decline the Vaccine:**

\_\_\_\_ I have already received the Hepatitits -B vaccine.

 Dates, if known: Dose 1\_\_\_\_\_\_\_\_ Dose 2 \_\_\_\_\_\_\_ Dose 3: \_\_\_\_\_\_\_

\_\_\_\_ I have not previously completed the vaccine, and decline. 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 myself. 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.

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

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

(If employee is under the age of 18)