

HEPATITIS B VACCINATION ACCEPTANCE

I, _____ understand that due to my occupational exposure to blood or
(name)

Other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I request that the hepatitis B vaccinations be given to me. I have been given training regarding hepatitis B and have been told the possible side effects of the vaccination.

Employee Signature

Date Signed

Witness Signature

Date Signed

VACCINATION DOCUMENTATION

Hepatitis vaccine no. 1:

Date given: _____ *By whom?* _____

Type of vaccine: _____ *Lot number:* _____

Site given: _____ *Expiration date:* _____

Hepatitis vaccine no. 2 (given one month after first vaccine):

Date given: _____ *By whom?* _____

Type of vaccine: _____ *Lot number:* _____

Site given: _____ *Expiration date:* _____

Hepatitis vaccine no. 3 (given 5 months after the second vaccine):

Date given: _____ *By whom?* _____

Type of vaccine: _____ *Lot number:* _____

Site given: _____ *Expiration date:* _____