

W&W HEALTHCARE, INC.

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Crystal Lake, IL 60012
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HEPATITIS B VACCINATION STATUS

Name: _____ Title: _____

Date: _____

The Hepatitis B Vaccination will be made available to all healthcare professionals once he/she has received the required training within ten(10) working days of initial assignment and to all who have occupational exposure, unless the healthcare professional is exempt from having the Hepatitis B Vaccination series for any of the following reasons:

- Antibody testing indicates immunity.
- The vaccine can not be given for medical reasons.
- Hepatitis B Vaccination Series has previously been administered and is complete.

Dates of Vaccination Series

1st Injection: _____ 2nd Injection: _____ 3rd Injection: _____

Signature: _____ Date: _____

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DECLINATION STATEMENT

I decline the 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. I also understand that due to my occupational exposure to blood and other potentially infectious materials, I may be a higher risk of acquiring Hepatitis B. However, if in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the Hepatitis B vaccine, I will receive the vaccination series at the time.

Signature: _____ Date: _____