



Phone Toll Free 800-866-0407 Fax Toll Free 888-205-2402

Please sign and date either I or II.

HEPATITIS B VACCINE DECLINATION/DOCUMENTATION

I. Declination of Hepatitis B Vaccine

I am refusing the Hepatitis B Vaccine and hold harmless the Agency. 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 Vaccination.

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 want to be vaccinated with the Hepatitis B Vaccine, I may receive the Hepatitis B Vaccination Series at no charge to me.

Employee Date

II. Documentation of Hepatitis B Vaccine Series

I have received the complete Hepatitis B Vaccine Series, and have attached to this form the documentation, which proves my receipt of the HBV Series.

Provide written proof of immunity (attach supportive documentation)

Provide written proof of previous vaccination (attach supportive documentation)

Provide written proof of medical contraindication (attach supportive documentation)

Employee Date

Part I or II must be completed prior to the start of an assignment with RN Network.

I acknowledge that I am at risk of exposure or have been unknowingly exposed to the Hepatitis B virus as a result of my employment and acknowledge that the Agency will arrange for me to receive the Hepatitis B Vaccine at no cost to myself while I am an employee of the Agency. I understand that it is my decision to start my assignment and I am requesting to receive the vaccine during my assignment period.

Employee Date