



Statement of Hepatitis B Vaccination

Aptiva Therapy LLC, for whom I work for as a contractor, has recommended that I receive the Hepatitis B vaccination due to my occupational exposure to blood and other potentially infectious materials. Due to this exposure, I may be at risk of acquiring Hepatitis B virus (HBV) infection.

Please choose & complete only one option:

A: ____ (Initials) I consent and intend to be vaccinated against Hepatitis B.

I acknowledge the following. I have been informed that I am at risk of acquiring Hepatitis B because of the nature of my professional responsibilities. I have read about the indications, benefits, and presently known side effects of Hepatitis B vaccine. I have had an opportunity to ask questions, which were answered to my satisfaction. I must receive three doses of Hepatitis B vaccine over a period of six months to confer optimal immunity. I understand the benefits and risks of Hepatitis B vaccine and that there is no guarantee that I will become immune to Hepatitis B or that I will not experience an adverse reaction to the Hepatitis B vaccine. In the event that I experience any adverse side effects or do not become immune from Hepatitis B after being vaccinated, I hereby hold Aptiva Therapy LLC harmless from any and all liability to the extent permitted by law.

B: ____ (Initials) I have already completed a three dose series of the Hepatitis B vaccine.

Location where vaccinated: _____

Year(s) vaccinated: _____

____ (Initials) I am choosing to decline Hepatitis B vaccination.

Hepatitis B Declination Statement*

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; 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.

*Taken from: Blood-borne Pathogens and Acute Care Facilities. OSHA Publication 3128, (1992).

I have read and fully understand the information on this form.

Signed: _____ Date: _____

Name (print): _____ Title: _____

