**Hepatitis Vaccine (HBV)**

**Please check and sign information which apply.**

**NO, I have not received the Hepatitis B vaccination. I                                                    understand that due to my occupational exposure to blood or any infectious materials, that I may be at risk of acquiring (HBV) infection. I have declined the Hepatitis B Vaccine.**

**YES, I                                          have received the Hepatitis B vaccine. I understand it is my responsibility to forward a copy of my medical records as proof.**

**Signature**

**Print Name**

**Date**