



Hepatitis B Vaccination Acceptance Form

EMPLOYEE NAME: _____

POSITION/FACILITY: _____

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, at no charge to myself. I would like to receive the hepatitis B vaccine. I understand that the vaccine is given as a series of three (3) injections and that where vaccinations are given in a series, only a completed series will provide the most protection possible with any vaccination. I also agree that should I cease to be an employee at Chimes, it will be my responsibility, not the responsibility of Chimes, to schedule and complete my vaccine series and that I will pay for any final injections.

Employee Signature

Date

Work Phone and Extension