

# GRACE Staffing Inc.

## HEPATITIS B DOCUMENT

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 cost to myself. The Agency will manage vaccination offering, administration, and all related expenses of Hepatitis B vaccination.

### **Please check one of the following 2 options:**

Hepatitis B vaccination acceptance:

\_\_\_\_\_ (initial) I accept the Hepatitis B vaccination series offered by the company.

Hepatitis B vaccination declination:

\_\_\_\_\_ (initial) 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. 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 and 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.

My signature below represents my acknowledgment and understanding of the above information; as well as my decision (acceptance or declination) regarding the Hepatitis B vaccine.

Staff Signature: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_