



Hepatitis B Vaccine Waiver

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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 information on where to be vaccinated with hepatitis B vaccine.

I decline hepatitis B vaccination at this time. _____

I want to accept the hepatitis B vaccination at this time _____

I am currently am vaccinated against hepatitis B _____, and can provide proof.

I understand that by not getting this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I choose to receive the vaccine, I will provide the office with proof of vaccination.

Employees Name Printed _____

Employees Title _____