



**FOUNDATION MEDICAL STAFFING HEALTH PROFESSIONAL  
HEPATITIS B-REFUSAL FOR VACCINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no cost 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, while still employed by Foundation Medical Staffing, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination at no cost to myself.

Please indicate which of the following statements apply to my decision to decline vaccination with the Hepatitis B vaccine:

- \_\_\_\_\_ I have previously been vaccinated against Hepatitis B. I received my last dose on \_\_\_\_\_.
- \_\_\_\_\_ I am currently immune to Hepatitis B in accordance with antibody testing performed on \_\_\_\_\_.
- \_\_\_\_\_ I cannot take the Hepatitis B vaccine because of allergy to the compounds of the vaccine or other medical reasons.
- \_\_\_\_\_ I am currently pregnant or plan to be pregnant in the near future.
- \_\_\_\_\_ Other (Please explain) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date