



**FOUNDATION REHAB 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 Rehab 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