



AURORA UNIVERSITY

HEPATITIS B VACCINE ACCEPTANCE STATEMENT

I understand that due to my occupational exposure to blood and 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 wish to begin the Hepatitis B vaccination process.

I understand I will receive the vaccination series at no charge to me. An initial appointment will be set with Provena Health Occupational Health Department (Aurora) or Aurora Lakeland Occupational Health Department (GWC) for the first of the series of vaccinations. It is my responsibility to schedule the one-month and six-month vaccination appointments with the appropriate Occupational Health Department.

I have been given and have read the CDC Hepatitis B Vaccine sheet.

Printed name: _____

Signature: _____

Date: _____

Witness's Signature: _____