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**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 a designated local Health Occupational Health Department 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.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnessed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:**