

OSHA-BLOODBORNE PATHOGENS

HEPATITIS B VACCINATION DECISION REPORT

I understand that I have been offered the series of three (3) vaccinations for the immunization against Hepatitis B with a follow up test for antibodies surface antigen one to two months after the completed series. I understand that if I do not respond to the primary vaccination series, AccuKare must provide me with a second series of three (3) vaccinations and retesting. If I still do not respond, I must be medically evaluated. My decision is reflected below. I understand that I may, at any time, change my decision. If I decide to receive the Hepatitis B Series of injections, I am to contact AccuKare Inc. for further instruction. I understand that if I begin the series of injections, that it is my responsibility to commit to attend the appointments for the injections or be responsible for the missed appointment fee.

_____ I have received the Hepatitis B series previously

_____ I do not wish to receive the Hepatitis B series.

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 the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ I wish to receive the Hepatitis B series.

Signature_____Date_____