



HUMAN RESOURCES
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HEPATITIS History/Declination

Complete all portions of this form and return to us by mail or fax.

Last Name	First	Employee ID	Date
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1. Vaccination History

1st dose date _____

2nd dose date _____

3rd dose date _____

2. Declination of Hepatitis B Vaccine series

I am refusing the Hepatitis B Vaccine and hold harmless Annexa Professional Staffing. 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 decline Hepatitis B vaccine at this time. I understand that by declining the vaccine, I continue to be at risk for acquiring Hepatitis B, a serious disease.

I certify that the information set forth in this document is true and complete to the best of my knowledge and that I am the individual completing this form.

Signature

Date