

HANDS ON SURGICAL ASSISTANTS

HOSA INFORMED REFUSAL OF HEPATITIS B VACCINATION (DECLINATION FORM)

I _____ am contracted by Hands on Surgical Assistants as a _____. I have received training regarding the Hepatitis B Vaccine. I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been advised to be vaccinated with the Hepatitis B Vaccine; however, I decline the vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. I have chosen to decline the Hepatitis Vaccine for the following reason (please initial).

____ I am signing this declination form because I have already been vaccinated but do not have a copy of a vaccination certificate for my records.

____ Prior to being contracted with HOSA my blood was tested and I was advised that I have adequate HBV antibodies.

____ Prior to being contracted with HOSA my blood was tested and I was advised that I am a non-responder.

____ I understand the risks of the Hepatitis B Virus (HBV) infection and have chosen to decline the Hepatitis Vaccine at this time.

PRINTED NAME: _____

SIGNATURE: _____

ADDRESS: _____

DOB: _____ SOC SEC#: _____

WITNESSED BY: _____