

ACCEPTANCE OR DECLINATION OF HEPATITIS B VACCINE

NAME: _____

JOB TITLE: _____

SERVICE SITE: _____

Please select your option:

I ELECT TO RECEIVE the Hepatitis B vaccine provided at the expense of my employer. The preferred location for me to receive the series is:

- Cuyahoga County: [] Lakewood 12805 Detroit Rd. [] St. John Westshore 29160 Center Ridge Rd. [] Lyndhurst 1341 Parkview Dr. [] Parma 5550 Ventura Dr

PARMADALE Employees Only:

- [] Employers Health Source (Parma Hospital) Medical Arts Center 4, Suite 200 6115 Powers Blvd

Summit County: [] 1100 Graham Road Circle in Stow

Lake County: [] 33 Mill St. in Painesville

Medina County: [] 4800 Ledgewood Drive in Medina

Lorain County: [] 9880 South Murray Ridge Road in Elyria

Ashland County: [] 110 Cottage Street in Ashland

Wayne County: [] 203 S. Walnut Street in Wooster

[] I DECLINE TO RECEIVE the Hepatitis B vaccine provided by my employer because I can demonstrate existing immunity to Hepatitis B or because I have a medical contraindication to receiving the Hepatitis B vaccine.

[] 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. However, I DECLINE TO RECEIVE the Hepatitis B vaccine at this time. 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.

Employee's Signature

Date