



1790 E. Packard Hwy.  
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## Voluntary Employee Immunization Hepatitis B Vaccination Form

Employee Name	
Title	
Department	
Date of Birth	

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with Hepatitis B vaccine by medical personnel designated by ERESA at no charge to myself.

**PLEASE READ CAREFULLY AND CHECK ONLY ONE BOX.**

- I authorize** such medical personnel designated by ERESA to give me the Hepatitis B vaccination series.
- I decline** Hepatitis B 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 understand that if I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me at any time.
- I have previously received** the Hepatitis B vaccination series.

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Signature

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Date