

REED COLLEGE VACCINATION FORM

Please sign ONE of the following statements:

Employee Statement Declining the HBV Vaccination

I understand that due to my risk of 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 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. 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.

Print Name

Department

Signature

Date

Employee Statement of Receipt of HBV Vaccinations

I have received hepatitis B vaccinations. The date of my initial vaccination was _____.

The date of my final vaccination was _____. I received a total of _____ vaccinations.

Print Name

Department

Signature

Date

Employee Request for Vaccine

I would like to receive the hepatitis B vaccine series. Please send me information.

Print Name

Department

Signature

Date