

Professional Application



First / Middle / Last Name

SS#

DOB

IMMUNIZATIONS

Immunization	Age of Disease	Date of Immunization	Result	Expiration
Tuberculin Skin Test (PPD)				
Chest X-Ray (TB)				
Varicella Vaccine				
Varicella Titer				
Hepatitis B Vaccine				
First Dose				
Second Dose				
Third Dose				
Series Completion / Booster				
Hepatitis A/B Titer				
Rubella Titer				
Rubeola Titer				
Mumps Titer				
MMR Vaccine				

HEPATITIS B Vaccine Consent / Declination

1. Acceptance of Hepatitis B Vaccine

I acknowledge that I am at risk of exposure or have been unknowingly exposed to the Hepatitis B virus as a result of my employment. I have been encouraged to receive the HBV vaccine for my protection.

Employee Signature _____ Date _____

2. Declination of Hepatitis B Vaccine

I am refusing the Hepatitis B Vaccine and hold harmless the Agency. 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.

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.

Employee Signature _____ Date _____

3. Documentation of Hepatitis B Vaccine Series

I have received the complete Hepatitis B Vaccine Series, and have attached to this form the documentation, which proves my receipt of the HBV Series.

Provide written proof of immunity (attach supportive documentation)

Provide written proof of previous vaccination (attach supportive documentation)

Provide written proof of medical contraindication (attach supportive documentation)

Employee Signature _____ Date _____