

**HUMAN RESOURCES DEPARTMENT  
32 BRANCH AVENUE  
PROVIDENCE, RI 02904**

**White: Med File  
Pink: Records\_\_\_\_  
Program\_\_\_\_**

**Hepatitis B Employee Vaccination Record**

Employee	D.O.B.
Position	Program
Location	Human Resource Representative
Date HBV Vaccination Offered	
By	
HBV Vaccination _____ Accepted _____ Declined	Date
Reason(s) Declined	
Date 1 <sup>st</sup> Injection	2 <sup>nd</sup> Injection
	3 <sup>rd</sup> Injection
Health Care Facility Providing Injection	
<b>IF SCREENED PRIOR TO VACCINATION TO DETERMINE IMMUNE STATUS:</b>	
Date Screened	Screening Facility
Results: Negative for Antibodies _____ Immune _____ Active Carrier _____	Comments
<p><b>Statement of Declination of HBV Vaccination</b></p> <p>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 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.</p> <p>Note: The statement of declination of hepatitis B vaccination is not intended to supercede or in any way affect any workmen's compensation law, common law, statutory rights, or duties or liabilities of employers and employees arising out of or in the course of employment.</p> <p>Employee Signature _____</p> <p>Date _____</p>	
General Comments	