



**REQUEST or DECLINE A HEPATITIS B VACCINE**

I already have received the series of Hepatitis B vaccine injections.	_____
I hereby decline the Hepatitis B vaccine injections.	_____
I will arrange to take 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 decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

P.S. Please sin this form and return to the office by faxing to:

**FAX: 215-543-3210**

or mailing to:

TriMED Healthcare, LLC  
2865 S Eagle Road, Suite 349 PMB.  
Newtown PA 18940.