

ALLEN MEDICAL STAFFING INC.

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HEPATITIS B VACCINATION DECLINATION

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, but I decline 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-Print Name

Signature

____ / ____ / ____
Date

Witness (Health Care Professional) -Print Name

Title

Signature

____ / ____ / ____
Date