



HEPATITIS IMMUNIZATION Election, Declaration, or Refusal Form

Check one option:

1. Hepatitis B Immunization

Following receipt of training on the Hepatitis Immunizations, I have elected to participate in the Hepatitis B immunization program.

Regardless of your insurance status, Tooele City will provide you with access to the immunization at no cost to you. However, to help us determine the best place to obtain your immunizations please check one of the following: I have insurance that covers immunizations and will bring my insurance card with me; or I do not have insurance that covers immunizations.

Provide the following for notification of next shot due: Address: _____ and Phone # _____

I have already received the Hepatitis B immunization series (if you received AB immunization series, specify below).

Date completed series: _____ Where _____

Please provide a copy of your immunization record or other certification to your supervisor for OSHA record keeping purposes; or, (Initial Here) _____ despite my best efforts, I am unable to obtain a copy of my immunization record.

2. Hepatitis AB Combo Immunization (in lieu of Hepatitis B Immunization)

Following receipt of training on the Hepatitis Immunizations, I have elected to participate in the Hepatitis AB immunization program.

Regardless of your insurance status, Tooele City will provide you with access to the immunization at no cost to you. However, to help us determine the best place to obtain your immunizations please check one of the following: I have insurance that covers immunizations and will bring my insurance card with me; or I do not have insurance that covers immunizations.

Provide the following for notification of next shot due: Address: _____ and Phone # _____

I have already received the Hepatitis AB immunization series.

Date completed series: _____ Where _____

Please provide a copy of your immunization record or other certification to your supervisor for OSHA record keeping purposes; or, (Initial Here) _____ despite my best efforts, I am unable to obtain a copy of my immunization record.

3. Refusal

Hepatitis B Vaccination Refusal - Following receipt of training on the Hepatitis Immunization, I refuse to participate in the immunization program. 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.

Employee Signature

Employee Name (Print)

Employee #

Employee Signature

Date

Acknowledgment for Minors

Signature of parent or guardian required if employee in under 18 years of age. Signature acknowledges that you give parental permission for your minor aged employee to receive immunization series or have declined the immunization, as elected above.

Name (Print)

Signature

Date