

Appendix C1



Hepatitis B Virus Vaccination Request

Name: _____
Job Title: _____ Department: _____

I have attended training on Bloodborne Pathogens and received information about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that the vaccination be given to me.

Employee Signature: _____ Date: _____

Date of First Dose: _____ Lot# _____ Person Giving Dose _____

Date of Second Dose: _____ Lot# _____ Person Giving Dose _____

Date of Third Dose: _____ Lot# _____ Person Giving Dose _____