

# Hepatitis B Vaccination and Personal Protection

## Instructions

Complete the Employee/Student information below. Determine whether or not you wish to receive the vaccine and sign. Check either "Accept" or "Decline" section and sign to [PDF](#).

Student - my workplace, and I understand the risks of the potentially infectious materials involved with my job. I understand that hepatitis B virus (HBV) infection. I acknowledge that I have been provided hepatitis B vaccine information on its effectiveness, safety method of use and benefits.



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