



Preferred Therapy Services
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Hepatitis B Vaccine Declination

Due to my occupational exposure to blood or other potentially infectious material, 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 and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Hepatitis B vaccination is recommended unless:

- 1) Documentation of prior vaccination and post-vaccination titer is provided to EHS
2) Medical evaluation identifies that vaccination is contraindicated.

If you have received prior Hepatitis B immunization, list the following three dates (month/year):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and provide documentation of the immunization and post-vaccine titer as soon as possible

\_\_\_\_\_ I decline the vaccine at this time, being fully aware of the risk of exposure.

\_\_\_\_\_ I decline the vaccine at this time because I have already been vaccinated.

Hepatitis B Vaccine Authorization

Due to my occupational exposure to blood or other potentially infectious material, 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 and I consent to the administration of the HBV vaccine series of shots.

I understand the benefits and risks of the vaccine and I consent to vaccination with Hepatitis B Vaccine. I understand that I must complete the series of three injections in order to obtain the full benefit of the vaccine.

I agree to hold Eric Powell & Associates, PLLC, Preferred Therapy Services and all of its employees harmless should an unforeseen or untoward event occur. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE ERIC POWELL & ASSOCIATES, PLLC, PREFERRED THERAPY SERVICES, ALL CONTRACTORS OR EMPLOYEES FROM LIABILITY FOR PERSONAL OR BODILY INJURY, OR WRONGFUL DEATH CAUSED FROM THE ADMINISTRATION OF THE HEPATITIS B VACCINE. I hereby CONSENT to receive this vaccine.

By signing below, the Individual is stating that they do NOT wish to have the vaccine, that they understand that the vaccine consists of a series of three shots and that they are NOT required to complete the series of three shoots to be considered vaccinated against HBV.

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