

Hepatitis B Vaccination and Needle or Syringe

Instructions

Complete the Employee/Student information below. Determine whether or not you wish to receive the vaccine and sign the "Acceptance" or "Declination" section and return to [PHU](#).

Student - my workplace, and I understand the risks of the potential 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.


