

**UPMC Horizon/UPMC Jameson  
Hepatitis B Statement**

Name(Print) \_\_\_\_\_ Employer/Dept/School: \_\_\_\_\_

**PLEASE CHOOSE APPLICABLE:**

- I have never received the Hepatitis B Vaccine Series. I am interested in receiving the Hepatitis B Vaccine series and understand it is my responsibility to discuss the vaccine with my personal health care provider.

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

- I have already completed all three of the Hepatitis B Vaccine series and; (please select below)
- I am protected against Hepatitis B infection, and/or I have had antibody testing in the past that confirmed my immune status.
  - My immune status is unknown.

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

- I have only received \_\_\_\_\_ doses of Hepatitis B Vaccine. My last vaccination was \_\_\_\_\_ and/or my next dose is due \_\_\_\_\_.

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

- I do not have any exposure to blood or other potentially infectious material and decline the Hepatitis B Vaccine at this time. If, in the future, I transfer to a department where there is a possibility I may have an occupational exposure to blood or potentially infectious material and I want to be vaccinated with the Hepatitis B Vaccine, I can contact my personal health care provider for further instructions on receiving the vaccine.

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

- I decline Hepatitis B Vaccine.
- I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring a Hepatitis B virus (HBV) infection. I have been instructed to discuss the vaccine options with my personal health care provider. However, I decline the 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 potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can contact my personal health care provider for further instructions on receiving the vaccine.

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