



HEPATITIS B VACCINATION CONSENT DECLINATION

HEPATITIS B

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline receiving this vaccination at this time. As a Registered Nurse/Health Care Professional employed by Progressive Nursing Staffers, I hereby request a waiver, by signature. I acknowledge the continued risk of acquiring Hepatitis B, a serious disease.

Name: _____
(Print Name)

Health Care Professional's Signature

Date

Progressive Representative's Signature

Date