

HEPATITIS B VACCINATION

OSHA requires all health care workers at risk to have the opportunity to have the Hepatitis B Vaccination offered to them by their employer.

1. If you have completed the vaccination series, please indicate such at the appropriate statement, date and sign the bottom of this letter.
2. If you are in the process of receiving the series, please indicate, date and sign at the bottom of this letter. Please indicate if you require a dose of the vaccine while working on this contact. SJHJ will provide it to you at no cost.
3. If you decline to have the Hepatitis B Vaccine indicate this at the bottom of this letter, sign and date.

I understand the OSHA guidelines and have completed the Hepatitis B Vaccine series.

Date: _____ Signature: _____

I understand the OSHA guidelines and need #_____ or booster, in the series. Please make arrangements with us to receive this dose of the vaccine.

Date: _____ Signature: _____

I understand the OSHA guidelines and DECLINE the Hepatitis B Vaccination.

Date: _____ Signature: _____