



## HEPATITIS B IMMUNIZATION

I hereby affirm that I have received and read Anders Group Orientation, including information on bloodborne pathogens as well as on OSHA regulations. I understand that my intended job classification has been identified as one where there is a potential risk of exposure to blood or other potentially infectious materials.

I have been informed of, and understand the following:

1. Hepatitis B vaccination may reduce the potential risk of occupationally contracted viral hepatitis infection. Some risks that may be associated with receipt of the Hepatitis B Vaccine may include pain, itching, bruising at the injection site, sweating, weakness, chills, flushing and tingling.
2. I should receive all three (3) immunizations of the Hepatitis B Vaccine series in order to acquire adequate immunity to viral Hepatitis B, and that the schedule consists of the initial injection with the 2nd injection at one month, and the 3rd at six months after the initial injection.
3. If I elect to receive the Hepatitis B vaccination series, the cost for obtaining these injections will be covered by the Anders Group. If I leave the employment of the Anders Group before I have completed the 3-injection series, it will be my responsibility to contact my own medical provider to complete the series.
4. If at a future date, the U.S. Public Health Service recommends a booster dose(s) of Hepatitis B vaccine, such booster dose(s) shall also be provided to me at no cost if I continue to be employed by Anders Group in a job classification where the potential risk of exposure to blood or other potentially infectious materials has been identified.
5. I understand that the following is a list of contraindications to receiving the vaccine, and if any of these apply to me, I should not receive the vaccine: 1) previous allergic reaction to the Hepatitis B Vaccine or components of the vaccine (thimerosal, mercury, or aluminum); 2) allergy to yeast; 3) recent illness including but not limited to respiratory and gastric symptoms, and if female: 4) current pregnancy, nursing, or planning to become pregnant.
6. I understand that it is recommended that I consult with my physician before taking the Hepatitis B Vaccine.

### YOU MUST CHECK ONE:

**I DECLINE HEPATITIS B IMMUNIZATIONS AT THIS TIME.**  
 I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me; however, I decline Hepatitis B Vaccinations at this time. I understand that if I have not been previously immunized for Hepatitis B, I continue to be at risk of acquiring the disease. If I elect to receive the vaccine in the future, and I continue to have occupational exposure to blood or other potentially infectious materials through my employment with Anders Group, I will be able to receive Hepatitis B vaccinations at that time – at no charge to me.

**I ELECT TO RECEIVE HEPATITIS B IMMUNIZATIONS**  
 I HAVE NOT BEEN PREVIOUSLY IMMUNIZED and I hereby elect and consent to receive the Hepatitis B Vaccination Series and certify that to the best of my knowledge that none of the contraindications cited in item No. 5 above apply to me.

**I DECLINE HEPATITIS B IMMUNIZATIONS AT THIS TIME,**  
 As I have already received the 3-series injections. I either have / or do not have copies of hepatitis vaccinations I have received.

I affirm that I have read the information contained in this form and have had the opportunity to ask questions.

\_\_\_\_\_  
EMPLOYEE NAME (*Printed*)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE