

Palmetto Personal Care Services Inc.

HEPATITIS B VACCINE
DECLINATION FORM

I have been informed of the symptoms and modes of transmission of Bloodborne Pathogens including Hepatitis B virus. I know about the Company's infection control policy and understand the procedure to follow if an incident occurs.

I understand that the Hepatitis B vaccine is available to employees whose jobs involve the risk of directly contacting blood or other potentially infectious materials. I understand that vaccinations shall be given according to the recommendations for standard medical practices in the community.

I understand I am being given the opportunity to be vaccinated with the Hepatitis B vaccine. However, I wish to decline the Hepatitis B vaccine. I understand that by declining the Hepatitis B 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 other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can sign a Hepatitis B vaccine consent form and receive the vaccination series.

Employee Signature

Date