

Brandeis Emergency Medical Corps

Hepatitis B Vaccination Form



VACCINATION REQUEST

1. I have received the HBV Vaccination in full. The dates of the injections are as follows:

HBV #1 _____

HBV #2 _____

HBV #3 _____

Booster, if administered _____

Signature of BEMCo Member

Date (mm/dd/yyyy)

2. I am in the process of receiving my vaccinations. The injections were/are administered for:

HBV #1 _____

HBV #2 _____

HBV #3 _____

Booster, if administered _____

Signature of BEMCo Member

Date (mm/dd/yyyy)

VACCINATION DECLINATION

I understand that due to my occupation, exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B Virus infection. I have been given the opportunity by BEMCo to be vaccinated with Hepatitis B vaccination at no charge to myself. 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 during the time that I am an active member of BEMCo I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

BEMCo Member Signature

Date (mm/dd/yyyy)

Social Security Number

BEMCo Number

BEMCo Representative Signature

Date (mm/dd/yyyy)