



Name of Employee _____
PLEASE PRINT

Name of Supervisor _____
PLEASE PRINT

Name of ESC Program _____
PLEASE PRINT

VACCINATION REQUEST

I wish to be inoculated with the Hepatitis B vaccine as provided for by Madison-Champaign Educational Service Center. I have been adequately informed about the availability, need for, and nature of the Hepatitis B vaccination as well as of the consequences of not being immunized.

Signature of Staff Member

Date

WAIVER OF VACCINATION FOR 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. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining the 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 Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee

Date

Signature of Witness

Date

**Please return this form to the FRONT DESK ADMINISTRATIVE ASSISTANT
at the ESC by no later than Oct. 1st**