

Capital Care

Gentle hearts & hands that love & care

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HEPATITIS B VIRUS (HBV) VACCINATION CONSENT FORM

Name of Employee (print) _____

I understand that the nature of my job makes it possible for me to come in contact with blood, mucus membranes and other body fluids that may be contaminated with Hepatitis B virus.

I have been made aware that the HBV vaccine will reduce my risk of being infected by 90% and hence prevent serious liver damage.

I have been advised to take this vaccine.

However, I have elected to

- a) Decline the vaccine
- b) Accept the vaccine
- c) Decline for now only but may have it at a future date
- d) Decline the vaccine, but I previously had the hepatitis vaccine.

Signature of employee _____ Date _____

Signature of witness _____ Date _____