

HEPATITIS B STATEMENT

I, _____ HAVE HAD THE SERIES OF
HEP B VACCINES.

1st DOSE TAKEN _____

2nd DOSE TAKEN _____

3rd DOSE TAKEN _____

SIGNATURE

DATE

I HAVE BEEN INFORMED OF THE OPPORTUNITY TO RECEIVE THE
HEPATITIS B VACINE AND HAVE DECLINED TO RECEIVE IT AT THIS TIME.

SIGNATURE

DATE