

South Brunswick Township Emergency Medical Services Commission

Hepatitis B Virus Immunization Certification

Name	
Address	
City, State Zip	
Date of Birth	
Social Security #	
Agency	

Immunization Record

	1 st Dose Date	2 nd Dose Date	3 rd Dose Date	* Titer date/result
Hepatitis B Virus				

* Titer results mandatory and must be attached.

Physician's Signature: _____ Date: _____

Hepatitis B Vaccine Declination

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 this 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: _____ Date: _____