

SAMARITAN SERVICES INC.

Hepatitis B Vaccine Waiver

Employee Name: _____

Please check off **ONE** of the following items:

- I do not wish to receive the Hepatitis B Vaccination. In declining this option, I am aware that I may request the vaccination to be administered at a later date during my employment
- I have already received the Hepatitis B Vaccination

Hepatitis B Vaccine Consent

Please check off the items that are applicable:

- I voluntarily agree and wish to be administered with the Hepatitis B Vaccination
- I wish to receive further information regarding the benefits and risks of the Vaccination
- I am not allergic to yeast or yeast products
- I am not currently immune suppressed, neither by disease nor medication

Important Information For Women:

I have been advised that studies have not been conducted to determine the effect of the vaccination on a developing fetus. Therefore, the safety of the Hepatitis B Vaccine relating to the developing fetus is currently unknown.

Employee Signature: _____

Date: _____