



OVER THE RAINBOW BUTTERFLY GARDEN

Statement 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 the Hepatitis B vaccine, at no charge to me.

I would like to receive the vaccination, will seek a medical professional of my choice to obtain the vaccine, and provide receipts to OTRBG for reimbursement.

I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Direct Care Professional Printed Name

Direct Care Professional Signature

Date

OTRBG Supervisor Printed Name

OTRBG Supervisor Signature

Date