

CONFIDENTIAL

New Jersey Department of Health
PEOSH Unit

HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine is to be Administered on: _____

Elected Dates:

First: _____

One Month from Elected Date: _____

Six Months from Elected Date: _____

Name of Employee: _____

Date of First Dose: _____

Date of Second Dose: _____

Date of Third Dose: _____

Antibody Test Results – Pre-vaccine (Optional): _____

Antibody Test Results – Post-Vaccine: _____

Time Interval Since Last Injection: _____

Signature of Employee: _____

Date: _____

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HEPATITIS B DECLINATION STATEMENT

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 want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name of Employee (Print)

Signature of Employee

Date