

A WATCHFUL EYE HOMECARE AGENCY, LLC

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Hepatitis B Vaccination Acceptance / Declination Letter

OSHA requires all health workers to have the opportunity to have the Hepatitis B vaccination offered to them by their employer to offer full protective benefit against exposure that may occur during the performance of duty. I understand that for me to receive the full protective benefit of this vaccination, to reduce the risk of infection that I must submit to the full series three vaccinations. I understand that failure to complete the series, or delay its completion schedule beyond recognized guidelines, may result in minimal protection against the disease, with the onset of the disease a possibility if I am exposed. I understand that due to my occupational exposure to blood and/or other potentially infectious material, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis vaccine to me while on active assignment with A Watchful Eye Homecare, LLC.

1. If you decline to have the Hepatitis B Vaccine, please indicate this by signing and dating A.
2. If you have completed the vaccination series, please indicate this by signing and dating B.
3. If you are in the process of receiving the series, please indicate this by signing and dating C.

DECLINATION:

A. I decline the Hepatitis B vaccination series. 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 infectious material and I want to be vaccinated with Hepatitis B, I can receive the vaccination at no charge to myself while on active assignment with A Watchful Eye Homecare, LLC. I accept the responsibility to inform A Watchful Eye Homecare, LLC of this decision at this time.

Name & Signature of Employee

Date

COMPLETED SERIES:

B. I understand the OSHA guideline and decline because I have completed the full series of Hepatitis B Vaccination. I will provide documentation of the series to A Watchful Eye Homecare, LLC.

Name & Signature of Employee

Date

VACCINATIONS IN PROCESS:

C. I understand the OSHA guidelines and need the full series or a booster in the series. I will make arrangements with A Watchful Eye Homecare Services to receive the full/this dose of the vaccine series. I also accept the risk that in some individuals, the possibility of adverse reactions can occur as a result of vaccination. I understand that I must participate in periodic training, and testing of vaccination efficacy, as directed by management, and/or my medical provider. I will provide documentation of the series booster to A Watchful Eye Homecare Service and provide appropriate updates. Being aware and knowledgeable of these concerns, I willingly accept vaccination against Hepatitis B.

Name & Signature of Employee

Date