



DECLINATION OF VACCINATION

U.S. Nursing applicant to complete the following:

HEPATITIS B VACCINATION DECLINATION

I, _____, understand that I have been requested to supply proof of Hepatitis B Vaccination or agree to the vaccination prior to placement with U.S. Nursing Corporation.

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; however, 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.

I understand that I cannot be placed at a U.S. Nursing facility that requires the Hepatitis B Vaccination.

I agree to hold harmless both facility and U.S. Nursing their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the Hepatitis B Vaccination.

Signature _____

Date _____