

IMMUNIZATION DECLINATION/LAB RESULT REPORTING

I have been given and have read the vaccine information statement (VIS) for the vaccine(s) recommended. I have had an opportunity to ask questions of a qualified nurse or physician and understand the benefits and risks of the vaccine(s) I have been offered. In the future if I choose to be vaccinated I understand I can receive the vaccination(s) recommended. (Initial)_____

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

I understand that laboratory blood tests assessing my immunity status may be done prior to vaccination. Results of those tests will be communicated to me by Palomar Health e-mail. I also understand that I assume the responsibility to respond to e-mail communication and recommendations. (Initial)_____

Name: _____ DOB: _____ Phone #: _____

Signature: _____ Date: _____

Address: _____

Vaccines Declined		
1. _____	Pt. initials _____	Date _____
2. _____	Pt. initials _____	Date _____
3. _____	Pt. initials _____	Date _____
4. _____	Pt. initials _____	Date _____
5. _____	Pt. initials _____	Date _____
6. _____	Pt. initials _____	Date _____