



Spectrum Health Systems, Inc.

Hepatitis B Vaccination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring the Hepatitis B (HBV) infection. Spectrum Health Systems, Inc. has offered to pay for the cost of the vaccination series. 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.

- I accept the Hepatitis B vaccination series which will be at the charge of Spectrum Health Systems, Inc.
- I decline the Hepatitis B vaccination series due to previous vaccination.
- I decline the Hepatitis B vaccination series because I am not interested at this time.

Employee Name - Printed

Date

Employee Signature

Corporate Office: 10 Mechanic Street, Suite 302, Worcester, MA 01608
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