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## HEPATITUS B ACCEPTANCE/DECLINATION

Employee Name \_\_\_\_\_ Social Security No: \_\_\_\_\_

**Nurses On Call Md** has informed me regarding the availability and advisability of receiving the Hepatitis B (3 injection series) vaccination.

Please indicate whether you will receive or decline the HBV Vaccination.

I do not wish to receive this vaccination at this time, should I change my mind, I will furnish proof to **Nurses On Call Md** of my vaccination.

I do wish to receive the series of three immunizations (1,2 and 6 months apart), I will furnish proof to you of any vaccinations.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_