



Hepatitis B Virus Vaccine or Declination

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). At this time, I choose the following:

Check one, then sign at the bottom

- I have already received the vaccine
- I am obtaining the vaccine through _____
- I choose **not** to receive the vaccine

I hereby release and hold harmless Southern Healthcare Agency, Inc. and the institutions where I may be working from any liability, responsibility, damages, or loss, whether known or unknown, existing or potential, which I may ever claim as a result of any contact or consequences which may arise as a result of my association with said patients.

Electronic
Signature

Date

Varicella Vaccine or Declination

As per OSHA requirements, all nurses and healthcare workers must be encouraged to receive the Varicella Vaccine.

Check one, then sign at the bottom

- I received the vaccine on (date) _____
- I am obtaining the vaccine through _____
- I choose not to have the Varicella Vaccine at this time

I hereby understand that I may be asked to provide proof of vaccination.

Electronic
Signature

Date