



### 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

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### 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