



**Hepatitis B Virus Vaccination Form**  
**(Dentists, Dental Hygienists, Dental Assistants)**

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PRINT NAME

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DATE

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

Dental Professionals has given me the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself.

However, I decline the hepatitis B vaccinations 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.

I, (SIGN) \_\_\_\_\_, have already received the HBV Vaccination series on \_\_\_\_\_ at \_\_\_\_\_.

I, (SIGN) \_\_\_\_\_, have not received the HBV Vaccination series, but would be interested in doing so.

I, (SIGN) \_\_\_\_\_, would not want to receive the HBV Vaccination series.

This form is to be filled out by all employees of Dental Professionals to be in compliance with WAC 296-823-13005 per the Department of Labor and Industries. This signed form will be placed in the employee's personnel folder.