



CUYAHOGA COUNTY MEDICAL EXAMINER'S OFFICE
Dr. Thomas Gilson, MD



HEPATITIS B FORM

I, (please print) _____, was offered the Hepatitis B Vaccination series by the Cuyahoga County Medical Examiner's Office and received my 1st dose out of 3 for Hepatitis B on:

Date _____ Signature _____

I have received my 2nd dose out of 3 for Hepatitis B on:

Date _____ Signature _____

I have received my 3rd dose out of 3 for Hepatitis B on:

Date _____ Signature _____

DECLINE OF HEPATITIS B VACCINATION SERIES

I understand that due to the occupational exposure to blood and other potential infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to me. However, I am declining the hepatitis B vaccine 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 and other potentially infectious materials and I want to be vaccinated, I can receive the hepatitis B vaccination series at no charge to me.

Signature (if over 18 yrs. of age)

Print Name

Date

Parent/Guardian Signature (if under 18 yrs. of age)

Print Name

Date

PREVIOUS VACCINATION FOR HEPATITIS B

I have previously received the complete hepatitis B vaccination series. I am supplying a copy of my dated vaccination record.

Signature (if over 18 yrs. of age)

Print Name

Date

Parent/Guardian Signature (if under 18 yrs. of age)

Print Name

Date