



Hepatitis B Election

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) infection. I have been given the opportunity to be vaccinated at no charge to me.

At this time:

I ***decline*** the Hepatitis B vaccination. I understand that if, while I am still employed with MedFirst Staffing, LLC at anytime in the future, I wish to be vaccinated with the Hepatitis B vaccine, I may receive the vaccination series at no charge to me.

I have ***already received*** the Hepatitis B vaccination series. The dates I received them are:

1st _____ 2nd _____ 3rd _____

I ***choose*** to be vaccinated with the Hepatitis B vaccine. I understand that it is solely my decision and that MedFirst Staffing, LLC and its agents accept no responsibility for adverse reactions or for ineffectiveness of the vaccine. I agree to release MedFirst Staffing, LLC employees and agents from any liability for my decision to take the Hepatitis B vaccine. It is my responsibility to request the vaccination from the office and to schedule the two follow-up appointments required to complete the vaccination series.

Team Member Signature

Date

MedFirst Representative

Date