

...continue to be at

...hepatitis B vaccine. I

Date _____

Signature of Employee _____

APPENDIX B – DECLINATION STATEMENT FOR EMPLOYEES WHO ARE ALREADY VACCINATED

I understand that the information provided is confidential and I understand that I will not receive the vaccine if I decline.

Supervisor of Case # _____

APPENDIX B. RISK TEST FOR HEPATITIS B VACCINATION

I understand that despite my an

II

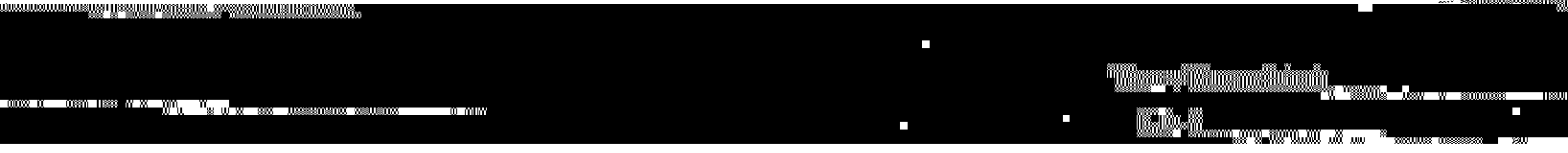
III

IV

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VII



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XI

XII

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XIV