



## **GOAL Therapy Specialists, LLC,**

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### **Hepatitis B Vaccination**

O.S.H.A Regulation states that all health care professionals with occupational exposure to blood borne pathogens must be offered Hepatitis B Vaccinations. You have been determined to be at risk to blood borne pathogens.

Please choose one:

- I have already received Hepatitis B Vaccine
- I decline the Hepatitis B Vaccine
- If interested in the Hepatitis B Vaccine, I may contact my County Health Department.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at a risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine. However I decline Hepatitis B Vaccination 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 future I continue to have occupation exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series.

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_