Hepatitis B Virus Certification
(Dentists, Dental Hygienists, Dental Assistants)

PRINT NAME

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.

SIGN ONE OF THE FOUR STATEMENTS BELOW

1. I, (SIGN) ________________________________, have received the Hepatitis B vaccination series on _______________ at _________________________________.

2. I, (SIGN) ________________________________, have had a Hepatitis B titer performed on _______________ at _________________________________.

3. I, (SIGN) ________________________________, have not received the Hepatitis B vaccination series, but would be interested in doing so. I can receive the vaccination series at a local health department, my private physician’s office or at no charge through my employer.

4. I, (SIGN) ________________________________, 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 a local health department, my private physician’s office or at no charge through my employer.