Gracewell RESIDENTIAL HOME

438 North Frederick Avenue, Suite 215, Gaithersburg, MD 20877

HEPATITIS B VACCINATION ACCEPTANCE / DECLINATION

Employee Name: _____ **Employee ID / Last 4 of SSN:** _____

Gracewell Healthcare Corporation has informed me regarding the availability and advisability of receiving the Hepatitis B vaccination.

Please indicate whether you will receive or decline the Hepatitis B vaccination.

☐ **I do not wish to receive the Hepatitis B vaccination at this time.**
If I change my mind, I understand that I should notify Gracewell Healthcare Corporation and provide documentation of any vaccination received.

☐ **I do wish to receive the Hepatitis B vaccination series.**
I understand that I will provide Gracewell Healthcare Corporation with documentation of completed doses or other proof of vaccination, as applicable.

Vaccination Documentation (if applicable)

Dose	Date Received	Documentation Attached
Dose 1		Yes ☐ No ☐
Dose 2		Yes ☐ No ☐
Dose 3 / Completion		Yes ☐ No ☐

Employee Signature: _____ Date: _____

Witness / Representative: _____ Date: _____