



Partners In Care At Home, LLC.
850 West Chester Pike Suite 310, PA 19083
www.partnersincareathome.com | (215) 594-9871

SIC 02-1
HR 04-2

HEPATITIS B VACCINE

I, _____, have read and understood the CDC Hepatitis B Fact Sheet (SIC 02-2) about Hepatitis B and Hepatitis B vaccine. 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 with Hepatitis B vaccine, at no charge to myself. Based on this information, I have made the following decision about receiving the vaccine:

VACCINE ELECTION

I wish to receive the vaccine. I hereby certify that I have fully and completely read and understand the attached information regarding the administration of the Hepatitis B vaccine series.

I have the following allergies: _____
(If you are allergic to yeast, you should not receive this vaccine)

X _____
Employee's Signature

Date

1st Injection Date _____
2nd Injection Date _____
3rd Injection Date _____
Titer Date _____

Witness's Signature

Date

Note: Attach copy of medical orders for receipt of vaccine to this form before filing.

PARTNERS IN CARE AT HOME-----Best Quality Care
850 WEST CHESTER PIKE SUITE 310. HAVERTOWN, PA 19083.
Office Phone: 484-452-5199 | Fax: 610-990 6293.

info@partnersincareathome.com | www.partnersincareathome.com

Serving the Philadelphia • Montgomery • Delaware • Chester • Berks County and theirs surrounding areas.

Revised 01/21/2020



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Hepatitis B Waiver

I _____ have been requested by **PARTNERS IN CARE AT HOME, LLC** to obtain vaccination against Hepatitis B and to have the first vaccination administered before I begin employment.

I understand that this vaccination is designed to protect staff members that care for clients who are Hepatitis B positive. Even though **PARTNERS IN CARE AT HOME, LLC** has explained this to me and requested that I receive the Hepatitis B vaccination before starting employment with them, I have chosen not to receive this vaccination for:

- Medical reasons
- Personal reasons

I agree to hold **PARTNERS IN CARE AT HOME, LLC** harmless should I contract Hepatitis B, through my employment with **PARTNERS IN CARE AT HOME, LLC**.

X _____

Signature

Date

Witness

Date

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