

HEPATITIS B VACCINATION WAIVER FORM

I understand that due to my occupational exposure to blood or other potentially infectious material, I am at risk of acquiring HBV (Hepatitis B Virus) infection. I have read the *Employee Information Sheet: Hepatitis B and Hepatitis B Vaccine* and have had an opportunity to ask questions and understand the risks and benefits of the HBV vaccine.

I have been given the opportunity to be vaccinated at no charge to myself.

Having been so informed, I decline to take the HBV vaccine at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated, I can receive the vaccination series at no charge to me.

Signature of Applicant

Date

INFLUENZA VACCINATION FORM

EXPRESS PROFESSIONAL HOMECARE, LLC offers vaccination against influenza to licensed independent practitioners and staff. The agency's annual influenza program is not applicable to staff and licensed independent practitioners that provide care, treatment, or services through telemedicine or telephone consultation.

I understand that due to my occupational exposure to blood or other potentially infectious material, I am at risk of acquiring Influenza.

I have been given the opportunity to be vaccinated at no charge to myself.

- I decline the Influenza Vaccination at this time
- I am currently vaccinated against Influenza
- I will be taking the Influenza Vaccination; will submit results when available

I understand that by declining this vaccine, I will continue to be at risk of becoming infected with Influenza.

My signature signifies my agreement to all of the above stipulations.

Signature of Applicant

Date