



HEPATITIS B VACCINATION WAIVER

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. 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 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 no charge to me.

I decline this option:

I have already been vaccinated against the Hepatitis B virus:

Dose #1: _____ Dose# 2: _____

Dose #3: _____

I do not wish to be vaccinated.

I understand I may rescind this waiver at any time during my employment.

Print Name: _____ ***Date:*** _____

Signature: _____ ***Date:*** _____

Witness: _____ ***Date:*** _____

TETANUS VACCINATION DECLINATION

I, _____, understand that I have been requested to supply proof of Tetanus Vaccination or agree to the vaccination prior to placement with Premier Nursing Service, Inc. (hereinafter "Company"). However, I decline the Tetanus Vaccination. Further, I understand that my refusal may limit my placement options in that I understand I cannot be placed at a Company client (hereinafter "Facility") that requires the Tetanus Vaccination.

Therefore, in consideration of my employment with Company and placement at Facility, I agree to hold harmless both Facility and Company, their owners, directors, employees, staff, and agents, from any and all liability arising out of my refusal of the Tetanus Vaccination.

Print Name: _____ ***Date:*** _____

Signature: _____ ***Date:*** _____

Witness: _____ ***Date:*** _____