



Record of Hepatitis B Vaccine Acceptance

I understand that due to my job responsibilities at Loyola University Chicago I have the potential of exposure to human body fluids or other potentially infectious materials. This exposure may put me 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 me.

I have read and understand the information provided by the State of Illinois regarding the effectiveness of the vaccine and I have accepted the series of three hepatitis B inoculations required for this vaccination. I understand that the vaccination is most effective when I have taken all three inoculations in the correct time period. I understand that by accepting this vaccine, I am responsible for following the vaccination protocol of receiving all three inoculations in the timeframe indicated below:

First inoculation date: _____

Second inoculation date: _____

Third inoculation date: _____

Employee Name: _____ Date: _____

Employee Signature: _____

Social Security Number: _____

Employer Representative: _____