



**Personal Home Care**

WE SPEAK YOUR LANGUAGE

A HOMECENTRIS COMPANY

## HEPATITIS B VACCINATION DECLINATION FORM

**Contractor's name:** \_\_\_\_\_

I, undersigned, hereby certify that I had been informed of the Personal Home Care (PHC) policies and procedures concerning Transmittable Diseases and received information concerning the Hepatitis B vaccination series. I have been given an option to receive Hepatitis B vaccination and, after careful consideration, decline this option. I indemnify PHC of any responsibility in case of my contraction of this disease while under contract with the PHC.

CONTRACTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_