

## Acknowledgement Form for Prior Vaccinations

### **Acknowledgement:**

By signing this form, I am verifying that I have received the Hepatitis B complete 3 part vaccination series prior to my employment at Villanova University and within the last 10 years. I understand that due to my occupational exposure (or possible exposure) to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HPB) infection. I have been given information on the hepatitis B vaccine, including its efficacy, safety, method of administration and the benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge.

\_\_\_\_\_ I elect to decline this free immunization at this time because I have already had the Hepatitis B vaccination series.

NAME: (Print): \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_