**Non-responder to Hepatitis B Vaccines Form**

I, the undersigned staff member of National Ambulance, certify that I fully understand my being non- responder to Hepatitis B vaccinations. I also certify that all the risks and precautionary measures are explained to me in full details.

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature/ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Stamp/ ID