

Employee Name:

Biometric ID:

Employee ID:

Designation:

Department:

Dosages	Name of the Vaccine	Batch No.	Expiry Date	Date of Vaccination	Given by Signature & Date	Employee Signature & Date
1 st Dose						
2 nd Dose						
3 rd Dose						
4 th Dose (Booster)						

DECLARATION FORM FOR HEPATITIS B VACCINE

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 HBV vaccine, at no charge to myself. However, I decline HBV vaccination at this time. I understand by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Vaccination Declined by the Employee: Yes / No

If, Yes give reasons:

Name:

Signature:

Date:

Verified by: Name: _____ Designation: _____

Note: Recommended dosage schedule for complete protection against Hepatitis B:

1 st Dose	At an elected Date
2 nd Dose	1 month after the 1 st Dose
3 rd Dose	6 months after the 1 st Dose
A Booster is recommended 12 months after the 1 st Dose	
A second Booster dose may be required after 8 years if the titre falls below 10 mIU/mL	

All staff members who are at risk for exposure to clinical materials/samples/at risk of infection should be vaccinated for Hepatitis B. The vaccination records should be filed in the respective personal file of the employee.

Issue No:	Issue Date:	Amend No:	Amend Date:	Copy No:
Prepared/Issued by:	Quality Manager	Approved by	Managing Director	