



Fireside Staffing, Inc.
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APPENDIX C - HEPATITIS B VACCINE MANDATORY

I understand that due to my risk of occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B Virus (HBV) Infection. Therefore, I request the Hepatitis B Vaccine and understand it is my responsibility to obtain it from my own doctor's office and bill FIRESIDE STAFFING, INC.

Employee Signature: _____ Date: ____/____/____

I understand that due to my risk of occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B Virus (HBV) Infection. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. Therefore, I release FIRESIDE STAFFING, INC, of all responsibility should I become infected with Hepatitis B.

Please check one of the following:

- I decline the Hepatitis B vaccine at this time.
- It is my intention to receive the Hepatitis B vaccine at my own expense.
- I have already completed or I am in the process of receiving the Hepatitis B Vaccine.

Employee Signature: _____ Date: ____/____/____