



## HEPATITIS B VACCINE ACKNOWLEDGEMENT FORM

I have read the information contained in the Hepatitis B Vaccine brochure. I have had the opportunity to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of the Hepatitis B vaccine and **request that it be given to me** at the expense of San Juan County Fire District #3.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**OR**

I have read the information contained in the Hepatitis B Vaccine brochure. I have had the opportunity to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of the Hepatitis B vaccine and **decline the offer that it be given to me** at the expense of San Juan County Fire District #3.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name