



Hepatitis B

I, _____ understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B (HBV) infection.

Employee Signature: _____ Date: _____

COVID

Are you COVID vaccinated? Yes No

If yes, please provide the vaccination card to be copied and placed within your file.

If yes, have you received both vaccinations or just one? _____

If no, are you willing to get vaccinated? Yes No

If no, are you willing to be tested weekly? Yes No

Please understand that the guidelines and protocols are consistently changing. If you have come into contact with COVID or you find out that you have it, please call the office immediately. Office staff will instruct you on what the most up to date policy/guideline is according to the CDC Guidelines.

We are constantly keeping up with the new mandates for the COVID vaccination. If there are any changes, we will update you as soon as we find them out.

By signing this, I agree and understand the information provided to me about Hepatitis B & COVID,

Employee Name

Employee Signature

Date