



# INSTRUCTIONS/DECLINATION HEPATITIS B VACCINE

\_\_\_\_\_  
Print Direct Care Worker's Name

The above-named employee is authorized to receive or complete the Hepatitis B vaccination series through the Health Department and have the charges reimbursed at the Consumer Direct office:

Consumer Direct Personal Care, LLC  
50 North Alvernon Way  
Tucson, Arizona 85711-2801

Phone: (520)-398-8409  
Fax: (520)-398-8413

This authorization is valid while you are a Consumer Direct employee. If you lose this authorization you may request a new one from your Support Coordinator.

**\*\*\*INSTRUCTIONS\*\*\***

**If you choose to be vaccinated, please visit a local Health Department Hepatitis B immunization facility. Make an appointment to receive the first of the three part series as soon as possible. Afterwards, you will need to schedule appointments for the remaining two parts of the series.**

**\*\*\*BE SURE TO KEEP YOUR RECIEPTS\*\*\***

**Bring your receipts from all three parts of the vaccination series along with this authorization to Consumer Direct for reimbursement. Consumer Direct cannot reimburse for lost or missing receipts. Likewise, reimbursable immunization shots must occur at the Health Department and while employed with Consumer Direct**

## HEPATITIS B DECLINATION

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 receive hepatitis B vaccination at no charge. I choose to decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. I understand that I may elect to receive the vaccine at a future date, while employed with Consumer Direct.

I choose to:  be vaccinated  decline vaccination for Hepatitis B

\_\_\_\_\_  
Direct Care Worker Signature

\_\_\_\_\_  
Date

