

Hepatitis B Vaccination Statement

Please read the backside of this form before selecting any of the options below. Please check one of the options given for the Hepatitis B vaccination. After making the selection that best applies to you, please sign and date at the bottom of this page.

Yes, I wish to receive the Hepatitis B series. Arrangements may be made through South Texas Home Rehabilitation and Contract Services, LLC, but I am responsible for the cost of the vaccine. I understand that I must show evidence of receiving the vaccine prior to receiving my assignments from STHR.

No, I do not wish to receive the Hepatitis B vaccination. I am making this decision based on the following reasons:

I have already received the Hepatitis B vaccination series. Series received on the following dates:

Print Name

Independent Contractor Signature

Date

South Texas Home Rehabilitation and Contract Services, LLC Representative Date