



samaritan**HEALTH** CENTER

VOLUNTEER IMMUNIZATION STATUS FORM

(FOR VOLUNTEERS WITH POTENTIAL EXPOSURE TO BLOOD BORNE PATHOGENS)

I have received blood borne pathogens training at the Samaritan Health Center orientation, including information about the benefits and risks of Hepatitis B immunization, and

I have already received the full series of Hepatitis B vaccines and am known to be immune.
OR

I intend to be immunized through my personal health care provider using my personal health insurance or through my own expense prior to volunteering OR

While I have received training and understand the risks from possible exposure to blood borne pathogens including Hepatitis B, I choose not to be immunized at this time.

Printed Name

Signature

Date