



CONSENT/REFUSAL OR RECORD OF IMMUNIZATION HEPATITIS B VACCINE

CONSENT FOR IMMUNIZATION

_____ I hereby consent to receive 3 doses of Hepatitis B vaccine and agree to indemnify and hold GEMINI CARES, INC. and person administering the vaccine harmless from any resulting claim or liability. **NOTE: IF I AM FEMALE AND PREGNANT I WILL INFORM GEMINI OF THAT FACT BEFORE CONTINUING WITH THE IMMUNIZATION.**

REFUSAL OF CONSENT FOR IMMUNIZATION

_____ I do not give my consent to receive the Hepatitis B vaccine. If I contract Hepatitis B or transmit it to another employee, patient, client or other person including an unborn child, I agree to indemnify and hold GEMINI CARES, INC. harmless from any resulting claim or liability. Nothing in this agreement would affect my right as an employee to sick pay, Workmen's Compensation and/or health insurance coverage related to contracting Hepatitis B. I also understand that I may alter my decision at any time and choose to consent to the Hep B immunization. At that time a signed Hep B consent form is required for GEMINI CARES, INC. to reimburse my Hep B immunization costs.

ALREADY HAVE RECEIVED HEPATITIS B VACCINATION

*YOU MUST ATTACH PROOF

_____ I have already received the Hepatitis B vaccination. I received the series of shots on the following dates:

EMPLOYEE SIGNATURE: _____

PRINT EMPLOYEE NAME: _____

DATE: _____