

R.Ph.S., Inc.

Relief Registered Pharmacist Service

Linda Moran, D.Ph.

President and C.E.O.

PO Box 520976

Tulsa, OK 74152

Phone: 1-800-686-7747

Cell: 1-918-630-1774

E-Mail: lmoran@rphrelief.com

www.rphrelief.com



Hepatitis B Declination Statement

Please sign, date and fax back to R.Ph.S., Inc. 918-583-7747

Declination Statement

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 be vaccinated with hepatitis B vaccine, at no charge to me; however, I decline 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. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Independent Contractor Signature: _____

Date: _____