



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 Covenant Consumer Direct office:

Covenant Consumer Direct, LLC
3033 N. 44th St., Suite 269
Phoenix, Arizona 85018-7228

Phone: 480-357-6162, Toll Free 1-877-532-8543
Fax: (520)-398-8413, Toll Free 1-877-532-8564

This authorization is valid while you are a Covenant 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 Covenant Consumer Direct for reimbursement. Covenant Consumer Direct cannot reimburse for lost or missing receipts. Likewise, reimbursable immunization shots must occur at the Health Department and while employed with Covenant 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 Covenant Consumer Direct.

I choose to: be vaccinated decline vaccination for hepatitis B

Direct Care Worker Signature

Date

