



Nebraska Mission of Mercy

Thank you for volunteering at the Nebraska Mission of Mercy! Please check one of the below and complete and sign the bottom portion.

I understand that due to my occupational exposure to blood or other potentially infectious materials during my participation in the Nebraska Mission of Mercy, I may be at risk of acquiring hepatitis B virus (HBV) infection.

___ I certify that I have received the series of three (3) hepatitis B vaccination shots (copy of vaccination record attached).

___ I certify that I have received the series of three (3) hepatitis B vaccination shots but do not have a copy of my vaccination record with me. Since I have no written proof of receiving the hepatitis B vaccination shots to give to the Nebraska Mission of Mercy, I consent to help with patient treatment during this event and understand that there is a potential for me to be exposed to blood or other potentially infectious materials and that I may be at risk of acquiring hepatitis B virus (HBV) infection during this event and waive any rights or claims against the Nebraska Mission of Mercy should I acquire hepatitis B virus (HBV) during this event.

___ I have not had the hepatitis B vaccination and I decline hepatitis B vaccination. I understand that by not receiving this vaccine, I am at risk of acquiring hepatitis B, a serious disease. I consent to help with patient treatment during this event and understand that there is a potential for me to be exposed to blood or other potentially infectious materials and that I may be at risk of acquiring hepatitis B virus (HBV) infection during this event and waive any rights or claims against the Nebraska Mission of Mercy should I acquire hepatitis B virus (HBV) during this event.

Full Name: _____

Signature: _____ Date: _____

