



## Hepatitis B Immunization Verification Form

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). Therefore, I hereby verify that I have received my Hepatitis B Immunization. I understand failure to receive this immunization will put me at increased risk of acquiring Hepatitis B, a serious disease.

To the fullest extent permitted by law, I agree to defend (including attorney's fees), pay on behalf of, indemnify, and hold harmless Habec Dental Temp Agency Staffing, , its elected and appointed officials, employees and volunteers and others working on behalf of Habec Dental Temp Agency Staffing, against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Habec Dental Temp Agency Staffing, , its elected and appointed officials, employees, volunteers or others working on behalf of Habec Dental Temp Agency Staffing, , by reason of personal injury, including financial loss, damage to reputation, bodily injury or death and/or property damage, including loss of use thereof, or any other type of loss, which arises out of or is in any way connected or associated with my failure to live up to the conditions of this contract.

### Vaccination Status:

Vaccinated
------------

Printed Name	
Signature	Date

---

### Privacy Act Statement:

This information is sensitive and is protected by the Privacy Act of 1974 (5 U.S.C. 552a). The records will be stored in locked file cabinets or locked rooms. Electronic records will be protected by restricted access procedures and audit trails. Access to records will be strictly limited to agency or contractor officials with a bona fide need for the records and in accordance with the system of records notice, OPM/GOVT-10. These records are essentially considered to be part of the Employee Medical Folder (EMF). Though they may be maintained securely on site during the period of employment, post-employment records must be transferred to the National Personnel Records Center. Any copies of original records must be destroyed either by shredding, burning or by erasing the disk. Those employees tasked with storing and maintaining such records must read and be familiar with OPM/GOVT-10.