



MEMORANDUM

To: Clinical Staff

Re: Hepatitis B Vaccine Series

As advised by the State of Maryland Department of Health and Mental Hygiene, Family Choice Healthcare strongly recommends that all employees receive Hepatitis B vaccine series. The Hepatitis B vaccine series gives our employees added protection when working with clients who may have been exposed to the Hepatitis B disease.

This inoculation series is *voluntary* and is not required by Family Choice. If during your next physical you decide to start the vaccine series, please have your physician *complete* and *sign* the appropriate areas on the back of the *PPD/Hepatitis B Form* (enclosed). The *PPD/Hepatitis B Form* should be returned to Family Choice by fax or mail to:

Family Choice Healthcare
4601 Forbes Boulevard, #320, Lanham, Maryland 20706
(Fax) 301.200.4723

If you have received the Hepatitis B Vaccine in the past, please provide the applicable documentation and sign below.

If you opt *NOT* to have the Hepatitis B vaccine series, please indicate this below. It is important to note that if you decline the series, you must sign below and return this form to our office.

_____ I have elected to receive the Hepatitis B Vaccine.

_____ I have received the Hepatitis B Vaccine in the past and will provide the agency documentation.

_____ I have not received the Hepatitis B Vaccine and choose not to receive it at this time.

If you have any questions, please call 888.358.1341 extension 102.

Signature

Date

Thank you,
Rita Fobbs
Operations Manager