



**TRANSCEND
MEDICAL**

Going Beyond The Limits

HEALTH STATUS LETTER

I understand that in performing my job duties that I may be at risk for exposure to Hepatitis B virus (HBV) infection or Tuberculosis. I have been offered the opportunity to be vaccinated with the Hepatitis B vaccine and receive a PPD/TB skin test at no cost to myself. At this time, I am declining the tests listed below. If in the future, while still employed by this employer, I decide to take advantage of the vaccination/skin test, it will still be at no cost to myself.

_____ I am declining the Hepatitis B Virus (HBV) vaccination

_____ I am declining the PPD TB skin test

_____ I received the Hepatitis B Virus (HBV) vaccination on _____

_____ I received the PPD Tuberculosis skin test on _____

Signature of Employee _____

Date _____