

Employee Declaration of Hep-B

Completion of this form is required if you will be working at Imperial Breeze Healthcare South East Ltd with clients and service users.

Please email the completed form to recruitment@ibhse.co.uk

Personal Details			
First Name:		Surname:	
Job Title:		Department:	

Declaration

I have been advised by my employer, Imperial Breeze Healthcare South East Ltd, that under the terms of my employment with the company, I am required to ensure that I have immunity to Hepatitis B. This includes the requirement for a primary course of vaccinations plus a blood test to confirm immunity and a further booster 5 years after completion of the primary course.

I understand that it is my responsibility to obtain the required Hepatitis B status and report back to either the company or the company's occupational health service, with supporting documentary evidence to confirm this.

Signature:		Date:	
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