

EMPLOYEE DECLARATION OF HEP B FORM



Completion of this form is required if you will be working at Macadamia Support with clients and service users.

Please complete and return to **HR, Macadamia Support** Recruitment email: info@macadamiasupport.co.uk
01234962689

Personal Details

First Name		Surname	
Job Title		Department	

Declaration

I have been advised by my employer, Macadamia Support, 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

Signature	
Date	