

HEPATITIS B VACCINE DECLINATION

I, (print) _____, understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) virus infection. I can receive the Hepatitis B vaccination series, no cost to me.

I accept the Hepatitis B vaccination series at this time.

Signature of Employee: _____ Date: _____

I decline the Hepatitis B vaccination series at this time.

Signature of Employee: _____ Date: _____

I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employer: _____ Date: _____

Title: _____