

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to human blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However I decline hepatitis B vaccination at this time. I understand by declining this 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 human blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series (three doses given intramuscularly) at no charge to me.

Declining Personnel's Name: _____
(Please Print)

Declining Personnel's Signature: _____

Supervisor of Personnel
Declining Vaccination: _____

Date: _____