

DECLINING HEPATITIS B VACCINATION

Employee Name:

Social Security Number:

Job Title:

Department Number:

STATEMENT DECLINING HEPATITIS B VACCINATION

I understand that due to my occupational potential for exposure to 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 the Hepatitis B Vaccine at no charge to myself. However, I decline the Hepatitis B Vaccine at this time. I understand that 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 a risk of occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____ Date: