

Hepatitis B Vaccine Declination Form

_____ I understand that due to my occupational 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 hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination 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 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.

_____ I decline hepatitis B vaccine at this time due to the fact that I have already received this series of shots.

_____ I would like to receive the series of shots for the hepatitis B vaccine.

Signature of Employee

Date

Printed Name of Employee

Date

Parent/Guardian Signature (if employee is under 18)

Date