

HEPATITIS B VIRUS (HBV) VACCINE DECLINATION FORM

Declination Statement

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.

All my questions regarding the risk of acquiring hepatitis B virus, and the hepatitis B virus vaccination process, have been answered to my satisfaction.

Employee's name (printed)

Employee's signature

HSC Badge Number

Department

Supervisor / Witness signature

Date