

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

Revision November 2008

HEPATITIS B VIRUS VACCINE ACCEPTANCE OR DECLINATION FORM

**Acceptance Statement**

I, the undersigned, acknowledge that my employer, The University of Texas Health Science Center at San Antonio, has offered the hepatitis B virus (HBV) vaccine to me at no cost. I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job. **I wish to receive the hepatitis B virus vaccine.**

\_\_\_\_\_  
Employee's name (printed)

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
HSC Badge Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor / Witness signature

\_\_\_\_\_  
Date

NOTE: If you accept to receive the hepatitis B vaccine, you must report to the designated medical provider within 10 working days of signing this 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