DECLINATION FORM FOR HEPATITIS B VACCINE

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 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 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 am declining the hepatitis B vaccine for the following reason:

___ I have already completed the hepatitis B vaccine series. I have been informed that I may request a titer test at no charge to me to confirm that I have sufficient antibody to hepatitis B.

___ I am declining due to medical or other personal reasons. I have been informed that I can choose to receive the hepatitis B vaccination series at no charge at a later time if I continue to work in an at-risk position.

____________________________________________
Printed Name

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Signature

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Date