



## **Hepatitis B Vaccine Declination Form**

**CONFIDENTIAL**

*Written permission from the employee required for access.*

<b>Assigned Work Location:</b>
<b>Employee Name:</b>
<b>Position:</b>

**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.**

<b>Employee Signature:</b>	<b>Date:</b>
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