



## **HEPATITIS B VACCINE DECLINATION FORM**

I understand that due to my risk of 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 the 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.

Please check one of the following:

- I do not wish to accept the vaccine at this time
- Vaccinated previously

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Employee Name (Please Print)

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Employee Signature

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Date