



DECLINATION OF HEPATITIS B VACCINE

I understand that due to my potential occupational exposure to blood or other potentially infectious materials, I may be at risk to acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B virus and that hepatitis B is a serious disease. If I want to receive hepatitis B vaccine in the future and I continue to have occupational exposure to potentially infectious material, I may receive the hepatitis B vaccine series at Occupational Health at no charge to me.

Reason for declination (Optional):

Series completed on _____ at _____
Date Location (Clinic)

Other: _____

Signature

Date

Printed Name

e-raider #

Witnessed By