



Hepatitis B Declination Form

Employee Name: _____ Date of Birth: _____

Department: _____ Job Title: _____

I _____ understand that due to the possibility for occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis virus (HBV) infection. I have been given the opportunity to receive the 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 may continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (print): _____ Date: _____

Employee Signature: _____

Supervisor Name (print): _____ Date: _____

Supervisor Signature: _____