EMPLOYEE HEPATITIS B VACCINE DECLINATION

School: 

Department: 

I understand that due to my occupational exposure to blood or other potentially-infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with 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 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.

________________________________________
(Employee’s Printed Name)

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(Employee’s Signature) (Date)

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(Supervisor/Principal Printed Name)

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(Supervisor/Principal Signature) (Date)