

HEPATITIS B VACCINE DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis virus infection. I have been advised of the importance of being vaccinated with the Hepatitis B vaccination.

Hepatitis B Basics

<https://www.cdc.gov/hepatitis-b/about/index.html>

I understand that by declining this vaccination, I could be at risk of acquiring hepatitis B, a serious disease. However, I **decline** hepatitis B vaccination at this time.

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.

Signature:	Emplid:
Print Name:	Date: