

Hepatitis B Vaccine Declination Form

Name _____ ID Number _____

General--

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) that 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 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.

*****OR

Previously vaccinated—

_____ I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B viral infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge. I decline the Hepatitis B vaccine at this time because I received the complete Hepatitis B vaccine series in the past.

Dates of vaccination _____

Received at _____

Signature _____ | Date _____