

HEPATITIS B VACCINE DECLINATION FORM

I (print name) _____ have read the information provided by my center about hepatitis B and hepatitis B vaccine. I have had the opportunity to ask questions about the vaccine. I understand the following: 1) benefits and risks of hepatitis B immunization; 2) a minimum of three doses of hepatitis B vaccine are recommended for the vaccine to be fully effective; 3) there is no guarantee that a person immunized will become immune; and 4) side effects may be experienced from the vaccine.

I understand that due to my occupational exposure to blood or other potentially infectious materials 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

I have already received the Hepatitis B vaccination series and do not require vaccination.

JOB TITLE _____

SS # _____

Phone # _____

Signature _____

Date _____

Keep one copy in employee file and make a copy for the employee