



HEPATITIS B VACCINATION DECLINATION

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. ****Within 10 days of first assignment****

Print name: _____ Date: _____

Signature: _____ Witness: _____

OTHER VACCINATION DECLINATION

NAME OF VACCINE BEING DECLINED: _____

I understand that part of my education/employment involves exposure to potentially infectious materials. I may be at risk of acquiring infections. I have been given the opportunity to be vaccinated with the above stated vaccine. However, I decline this vaccine at this time. If in the future I decide to have this vaccine, I may receive it without penalty. The vaccine is free of charge. ****Within 10 days of first assignment****

Print name: _____ Date: _____

Signature: _____ Witness: _____