Appendix C:
Vaccine Declination Form

Hepatitis B Vaccine Declination

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 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

NAME:_____

SIGNATURE:_____

DATE:_____

I understand that my position puts me at potential risk of exposure to blood or other potentially infectious materials. I have in my past been vaccinated against Hepatitis B and decline any further vaccination at this time. I have provided below the actual or approximate date of my completion of the three shot HBV vaccination series. If, in the future, United States Public Health recommendations change or I have reasonable need for revaccination I can receive the vaccination series at no charge to me.

NAME:_____

SIGNATURE:_____

DATE:_____

Actual Date of Vacinnation: Dose#1_____
Dose#2_____
Dose#3_____

Approximate Date of Vaccination Series: _____