

REFUSAL OF HEPATITIS VACCINE

I understand that due to my occupational exposure to blood and 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 vaccine 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 to other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name (print)

Date

Signature

SS#

I understand my occurred risk and I wish to:

- Please check one:
- Refuse the injection. (I am submitting to the above-signed refusal.)
 - Accept the vaccine.
 - Have already had the vaccine.