

## Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be a 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 at no charge to me.

**I am declining the Hepatitis B vaccine because:**

- I have received the Hepatitis B Vaccine.
- I have titers that show immunity.
- I have signed the waiver denying the vaccination.
- Other \_\_\_\_\_

\_\_\_\_\_  
Signed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (full legal name):