

Hepatitis B Vaccine 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 received and read the information booklet of HBV. Any questions I may have concerning the HBV information have been answered to my satisfaction.

I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. Nevertheless, I decline the hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring hepatitis B, a potentially life threatening and fatal disease. I understand that this vaccination will be available to me at no cost as long as I remain employed as a health care worker at this institution.

Reason for Declination

Please check one:

- Religious
- Fear of needles
- Concerned about the safety of the vaccine
- Allergies or medical conditions
- Do not have contact with blood or bodily fluids
- Previously vaccinated
- Other

Vaccinee Signature _____ Date _____