



DECLINATION OF HEPATITIS B VACCINATION

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 the Hepatitis B vaccine at no charge to myself; however, I decline the vaccine at this time. I understand that by declining this vaccine and if I have not been previously vaccinated, I may 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.

_____ I decline the Hepatitis B Vaccine at this time

REQUEST FOR HEPATITIS B VACCINE OR ANTIBODY TITER

I have had an opportunity to ask questions and understand the possible benefits and risks of the vaccination or titer. I understand there is no guarantee that I will become immune or that I will not experience adverse side effects from the vaccine. I agree to hold my employer and its agents harmless for any and all injury or damages that may occur as a result of my request to participate in the Hepatitis B vaccination program. I understand the Hepatitis B vaccination series requires three doses of the vaccine to confer immunity and will require approximately six months to complete. I certify that I am not pregnant and do not expect to become pregnant during the six-month period and that I will consult with my physician before participating or continuing in the Hepatitis B vaccination program if I am or become pregnant.

After reviewing the information and material on Hepatitis B, I request to receive: (choose one)

_____ **Hepatitis B Vaccine**

_____ **Hepatitis B Antibody Titer**

Employee Name **(print)**: _____

Employee Signature: _____

Date: _____ Job Title: _____

Division/Program/Dept./Site: _____

WITNESS:

Name **(print)**: _____

Signature: _____ Date: _____

Inclusion in employee personnel medical file