



Vaccine Declination Form

Employee Name _____

Reason why you are declining the Hepatitis B Vaccine (Optional):

This form may also be used to notify the employer that the employee has already received the vaccination. Medical records are not required as proof of immunity.

I understand that, due to my occupational exposure to blood or other potential 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 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, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Department Manager Signature

Date

The original document shall be maintained in the employee's permanent file.