



Declaration of Refusal HBV Vaccination

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with the 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Date

Print Name (CLEARLY)

Department

Witness Signature

Please forward a copy of this completed form to the Benefits Section of Human Resources.