

EMPLID: _____

AHEPB

DATE: _____



HEPATITIS B VACCINE DECLINATION FORM

Name: _____ Phone: _____
Printed Name

Address: _____
Street No. or P.O. Box _____ City _____ State _____ Zip Code _____

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 advised to be vaccinated with the hepatitis B vaccination at my own expense. 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 get the vaccination series at my own expense.

Student Signature

Date