



## Hepatitis B Vaccine Declination Form

The following statement of declination of the hepatitis B vaccine must be signed by an employee/contractor who:

- Chooses not to accept the vaccine.
- Has had appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration and benefits of vaccination, given free of charge to the employee.

Please choose and sign one of the following:

(1) I have already received the hepatitis B vaccination and am declining the vaccination at this time.

Employee/Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(2) 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 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee/Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- This statement is not a waiver; employees/contractors can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

An employer can not require:

- Employee/contractor to waive liability in order to receive the vaccine
- Participation in pre-screening as a prerequisite for receiving the vaccine.