

HEPATITIS B VACCINE DECLINATION FORM

Facility Name: _____

I understand that due to my occupational exposure to blood and other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

You have given me 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 at no charge to me.

I have already received the hepatitis B vaccination series.

Employee's Name (print)

Employee's Signature

Date