

Hepatitis B Vaccination Declination Form

Name _____

Department _____ Last 4 digits of SS# _____

THE FOLLOWING MUST BE SIGNED BY THE EMPLOYEE IF HEPATITIS B VACINATION IS REFUSED.

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 by contacting the Occupational Health and Fire Safety Office at 178 E 11th Street, Holland, MI 49423 or my Supervisor.

Signature

Date

REV 12/02