

**HEPATITIS B VACCINE DECLINATION FORM**

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 vaccine 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.

Declining Employee's Signature \_\_\_\_\_

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

Date to review decision again: \_\_\_\_\_

Administrative Rule Finalized: May 7, 2002  
Reviewed: Nov. 3, 2009  
Reviewed: January 14, 2013