

Hepatitis B Vaccine Consent/Declination

I understand that due to potential occupational exposure to blood and/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.

My signature below acknowledges that the above has been explained to me in detail and I voluntarily give my consent.

Employee's Name

Date

Witness

Date

DECLINATION

My signature below acknowledges that I have been given the opportunity to be vaccinated for hepatitis B, 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 and/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's Name

Date

Witness

Date