

HEPATITIS B VACCINE ACCEPTANCE/DECLINATION FORM

Employee Name _____

Date of Hire _____

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 the Hepatitis B vaccine at no charge to me.

I have decided to:

_____ request that I receive the Hepatitis B vaccine.

_____ decline vaccination due to:

_____ titer evidences immunity. (Must provide lab report)

_____ previous Hepatitis B vaccination. (Must provide vaccination record)

_____ medical contraindication. (Must provide written proof)
(Contraindications include: pregnancy, active infection such as a cold or bronchitis, lactation, allergy to yeast or yeast products.)

I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B Virus (HBV) infection. If in the future I continue to have occupational exposure to blood or any other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I will consult with my physician and obtain written approval before receiving the Hepatitis B vaccine. I understand I can then receive the Hepatitis B vaccine at no charge to me.

_____ Decline for other personal reason.

I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B Virus (HBV) infection. If, in the future, I continue to have occupational exposure to blood or any other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

Employee Signature_____
Date_____
Social Security Number

Note: This record must be maintained throughout employment and for 30 years thereafter.

Fax to: 866-252-3667

