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**HEPATITIS B VACCINE DECLINATION STATEMENT**

I understand that due to my occupational exposure to blood and 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.

I have been given and have read the CDC Hepatitis B Vaccine sheet.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnessed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:**  \_\_\_\_\_\_\_

[\_] I have previously received the complete vaccine series but I am unable to supply proof. I  
exercise my right to decline to receive the vaccine at this time