



HEPATITIS B VACCINE OR TITER DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no cost to myself. However, at this moment I decline the Hepatitis B vaccine.

I understand that by declining this, 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 would like to be vaccinated with this vaccine, I may receive this at no additional charge.

I want the vaccination for Hepatitis B.

I have already been vaccinated for Hepatitis B.

SIGNATURE - Employee

DATE (MM/DD/YYYY)