

HEPATITIS B VACCINE WAIVER

I understand that due to my Occupational Exposure to blood or other potentially infectious materials that 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 that time at no charge to me.

Name of Employee (print)

Signature of Employee

Job Title

Date

Have you previously declined the hepatitis B vaccination series?

Yes No NA

Are you declining now because you have had the series before?

Yes No NA

Are you declining now because you have tested positive for immunity?

Yes No NA

Receipt by EHS Manager/HR Administrator:

Name, Title

Date