

HEPATITIS B VACCINATION WAIVER FORM

Decline to Accept

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. 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, while on assignment with _____, I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: _____

Signature: _____

Date: _____

Important: If you have received the vaccination series and/or have proof of immunity to Hepatitis B, please enclose appropriate documentation.

Note: The statement of declination of Hepatitis B vaccinations is not intended to supersede or in any way affect any workmen's compensation law, common law, statutory rights, or duties or liabilities of employers and employees arising out of or in the course of employment.