



HEPATITIS B VACCINE WAIVER

I understand that due to the possibility of 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 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. In the future, if I continue to have occupational exposure to blood or other potentially infectious materials and I decide to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name of Employee (Print)

Signature of Employee

Job Title

Date

Are you declining now because you have had the series? Yes No NA

Witness: _____
Signature of Witness, Title

Date