I have been informed of the symptoms and modes of transmission of bloodborne pathogens including hepatitis B virus (HBV). I know about the facility’s infection control program and understand the procedure to follow if an exposure incident occurs.

I understand that the hepatitis B vaccine is available, at no cost, to employees whose job involves the risk of directly contacting blood or other potentially infectious material. I understand that the vaccinations shall be given according to recommendations for standard medical practice in the community. I have been given a copy of the CDC Hepatitis B Vaccination Information Statement (VIS).

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**Hepatitis B Vaccine Declination**

(sign below if you do not want the vaccine)

Check if applicable:

- [ ] Previously completed series in ________________ (enter date).
- [ ] Previous allergic reaction to hepatitis B vaccine.
- [ ] Previously had hepatitis B disease.
- [ ] Hepatitis B titer result: [ ] positive [ ] negative

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) virus infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccine at this time. I have been given an opportunity to read the patient information about the hepatitis B vaccine. 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.

____________________________  ____/____/_____
Signature of Employee                   Date

___________________     ____________________
Last Name (print)               First Name (print)

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