

Facility ID#	
Program ID#	

Hepatitis B Declination Statement

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. I have read and understand the health risks involved with Hepatitis B; however, I voluntarily decline Hepatitis B vaccination at this time. I fully understand the risk of its transmission and have full knowledge of its effects on the human body. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____