

HEPATITIS B VACCINE WAIVER

For Refusal of Immunization against Hepatitis B Disease

I have read the attached information and have had an opportunity to ask questions. I understand the benefits and risks of the hepatitis B vaccine. I do not wish to receive the vaccine at this time. It is my responsibility to request the vaccine if at some time in the future I change my mind.

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 been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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 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.

Name: _____

Signature: _____

Date: _____