



Division of Environmental Health

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HEPATITIS B DECLINATION STATEMENT

PLEASE READ AND SIGN YOUR ACKNOWLEDGEMENT

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.

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 series at no charge to me.

Signature: _____ **Date of Signature:** _____

Printed Name: _____

Mailing Address: Street _____ City & Zip _____