

Appendix A – Hepatitis B Vaccine Request/Declination

[Complete this form and return to Human Resources Management]

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.

Please indicate in the space below your preference and return this form to the office of Human Resources Management.

_____ Yes, I would like to receive the Hepatitis B vaccination series.

_____ No, I have already received the Hepatitis B vaccination series.

_____ No, 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 vaccine series at no charge to me.

Name (Please Print)

Date

Signature

Department