



HEPATITIS B VACCINE  
DECLINATION

\_\_\_\_\_ I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with the vaccine, at no charge to me.

**HOWEVER, I DECLINE THAT 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 material and want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**I DECLINE BECAUSE I ALREADY RECEIVED THE VACCINE.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

HEPATITIS B VACCINE  
EMPLOYEE AUTHORIZATION

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I hereby consent to the administration of the Hepatitis B vaccine series and understand this will be completed at no charge to me. I understand the risks and side effects of the injections and release the Agency from any liability that may arise from the effects of the vaccine.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**BY SIGNING MY NAME ABOVE, I AM STATING THAT I DO WISH TO HAVE THE HEPATITIS B VACCINE. I UNDERSTAND THAT THIS IS A SERIES OF THREE (3) INJECTIONS AND THAT I MUST RECEIVE ALL INJECTIONS TO BE CONSIDERED VACCINATED AGAINST HBV INFECTION.**