

Hepatitis B Vaccination Declination

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 not received the Hepatitis B vaccination and I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B. I will contact the management in the future if I desire the vaccination.

Printed Employee name

Employee Signature

Date

Employer Signature

Date

Hepatitis B. Vaccination Verification

I have completed the Hepatitis B vaccination but can not at this time provide written documentation. I will send a copy if and when one is obtained.

Printed Employee name

Employee Signature

Date

Employer Signature

Date