



**Risk Management Division  
Hepatitis "B" Vaccination  
Acceptance/Declination Form**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

- I accept the Hepatitis "B" (HBV) vaccination series at no charge to me. I understand that my occupation and its duties may expose me to blood or other potentially infectious materials and potential Hepatitis "B" infections.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- I decline the Hepatitis "B" (HBV) vaccination series at this time. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the HBV infection. I have been given the opportunity to be vaccinated for Hepatitis "B" at no cost to myself. However, I decline HBV vaccination at this time. I understand that by declining this vaccination, 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 for Hepatitis "B," I can receive the series at no charge to myself.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- I request a "Titer" test.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_