



## **Hepatitis B Vaccination Declination Form**

EMPLOYEE NAME: \_\_\_\_\_

POSITION/FACILITY: \_\_\_\_\_

**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. However, 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, 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 vaccination series at no charge to me, as long as I am still an employee of Chimes. If I cease to be an employee at Chimes it will be my responsibility, not the responsibility of Chimes, to schedule, acquire and pay for the vaccine series.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone and Extension