

I \_\_\_\_\_, (Print name and Sign)

Date \_\_\_\_\_

Decline the offer by my employer for hepatitis B (HBV) series vaccinations at this time at no cost to me. 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 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 exposure to blood or infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no cost to me.