



Hepatitis B Declination

Please sign this form if you have chosen to *not* receive the Hepatitis B three dose series vaccination and/or you have a negative Hepatitis B titer and are not immune to Hepatitis B.

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Hepatitis B Vaccine Declination

It is fully my choice to decline this vaccine, and 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 the Hepatitis B vaccine, I will pursue the vaccination series.

Signature: _____ Date: _____

Print name: _____