



**Hepatitis B Vaccine Declination
(Mandatory)**

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline 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.

Signed: *(Employee Name)*

Date:

Alternatively, complete the Hepatitis B consent/waiver document in Enterprise Health

ATTENTION: Printed copies should be used with caution.

The user of this document must ensure the current approved version of the document is being used.