



**PROTECTION AGAINST HEPATITIS B VIRUS  
DECLINATION/ELECTION FORM**

Employee's Name: \_\_\_\_\_

Employee's Classification: \_\_\_\_\_

Employee's Department: \_\_\_\_\_ Extension: \_\_\_\_\_

**ELECTION** *(complete check this box ONLY if you choose TO participate in the vaccination program)*

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. I CHOOSE TO ACCEPT the hepatitis B vaccination at this time. By electing to have the vaccination, I am also stating that I am not pregnant, nursing or known or suspected to be allergic to the vaccine and are voluntarily choosing to be vaccinated.

**DECLINATION** *(complete this section ONLY if you choose NOT to participate in the vaccination program)*

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 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.

- o I have already received the vaccination series.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Safety & Risk Management Representative

\_\_\_\_\_  
Date

Please contact the S&RM Office at 667-3057 with any questions.