



Hepatitis B Vaccination Status

Name: _____ Classification: _____

Can you provide proper documentation of your Hepatitis B Vaccination status?

Yes

No

If you answered no, do you wish to decline the Hepatitis B Vaccination at this time?

Yes

No

****Declination Statement:**

I decline the Hep. B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hep. B, a serious disease. I understand that due to my occasional exposure to blood and other potentially infectious materials, I may be at a higher risk of acquiring Hep. B. However, if in the future I continue to have occupational exposure to blood or other potentially infectious material and want to be vaccinated with Hep. B Vaccine, I may do so.

Signature: _____

Date: _____