



**HEPATITIS B VACCINE DECLINATION (MANDATORY)**

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.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

|                     |       |
|---------------------|-------|
| Member Name (Print) |       |
| Member Signature    | Date: |

**WITNESS**

|                     |       |
|---------------------|-------|
| Member Name (Print) |       |
| Member Signature    | Date: |

Cc: Member, Member File