



I _____ decline the vaccine as indicated below:
(First and Last Name)

Hepatitis B

I understand that due to my occupational exposure to blood or other potentially infectious diseases, I may at risk of acquiring an infectious disease. I have been given the opportunity to be vaccinated at no charge to me against the above disease(s); however, I decline the vaccine/vaccines at this time. I understand that by declining the vaccine/vaccines as indicated above that I continue to be at risk of acquiring these infections. If, in the future, I choose to receive the vaccine(s) as indicated above, I can receive the vaccine(s) at no charge to me.

(Employee Signature)

(Date)

(Print Name)

(Employee Birthdate)