



## HEPATITIS B DECLINATION FORM

Please print clearly.

FIRST NAME:	LAST NAME:
COLLEGE:	RESIDENCY PROGRAM:
<b>HEPATITIS B VACCINATION DECLINATION</b>	
<input type="checkbox"/> I <b>have not</b> completed the Hepatitis B series of three (3) vaccinations.	
<p>I understand that due to my potential for occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at my expense. However, I decline the Hepatitis B vaccination at this time. I understand that by declining the Hepatitis B vaccine I continue to be at risk of acquiring Hepatitis B as 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 the Hepatitis B vaccine, I can receive the vaccination series at that time.</p>	
RESIDENT'S SIGNATURE:	DATE:
WITNESS'S SIGNATURE ( <i>OSHA standards require the signature of a witness.</i> ):	DATE: