

Hepatitis B Vaccination Declination

I, the undersigned employee, understand that due to my potential for occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to me. 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 at that time.

Employee Name (print) _____

Employee Signature _____ Date _____

Employee Representative Signature _____ Date _____

This document must be printed, signed, and sent to mcameron@mtech.edu or brought to EHS office CBB 003.