

DECLINE TO ACCEPT HEPATITIS B VACCINATION/SURFACE ANTIBODY

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring hepatitis B infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, AND I have been advised that the hepatitis B surface antibody should be drawn to provide proof of vaccine-induced immunity. However, I decline to be vaccinated OR to have the hepatitis B surface antibody tested at this time. I understand that my declining this vaccine OR by declining to have the hepatitis B surface antibody tested, I am at risk of acquiring hepatitis B. **The current data suggests a 30% risk of acquiring hepatitis B via percutaneous exposure (needlestick).** 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 OR have the hepatitis B surface antibody tested, I can receive the vaccination series OR have the hepatitis B surface antibody tested through University Health Services.

Name (Printed)

DOB

Signature

Date/Time

Department/School Program

Witness

Date/Time

8/09