

## **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 virus infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself AND I have been advised that the hepatitis B surface antibody can 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. 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 at no charge to me through University Health Services.

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Name (Printed)

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DOB

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Signature

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Date/Time

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Department/School Program

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Witness

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Date/Time

7/08