



HEPATITIS B VACCINATION RECORD  
OR  
DECLINATION STATEMENT

OPTION 1

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration. I have also been informed of the benefits of being vaccinated, and that the vaccine will be offered free of charge.

\_\_\_ I have already completed the vaccination series. *(Please provide approximate dates if known)*  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

\_\_\_ I have begun the series and wish to complete it. *(Please provide approximate dates if known)*  
(1) \_\_\_\_\_ (2) \_\_\_\_\_

\_\_\_ I choose to complete the vaccination series.

**OR**

\_\_\_ I am unsure if I have received the Hepatitis B vaccine series of three injections. I wish to have a blood sample (titer) drawn to determine if I have adequate protection. I may then elect to receive the vaccine series, unless I am found to be immune to the Hepatitis B Virus, tested positive for adequate antibodies, or have a medical condition negating the need or benefit of the Hepatitis B Vaccine.

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**OPTION 2**

I have been given the opportunity to receive the Hepatitis B vaccine at no charge to me. At this time I choose to decline the vaccine series. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious liver disease. If I continue to have occupational exposure to blood or other potentially infectious materials and I decide to be vaccinated with the Hepatitis B vaccine, I can contact the Human Resources Department. Arrangements will be made to receive the vaccination series at no charge to me.

\_\_\_ I choose to decline the vaccine series at this time.

Employee Name (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_