



Hepatitis B Vaccine Declination

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 offered the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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 I continue to be employed by Advantage Nursing Services and in the future I want to be vaccinated with hepatitis B vaccine, I can receive the complete vaccination series at no charge to me.

Knowing this information I request that I do not receive the series of three immunizations be administered to me.

Printed Employee Name

Employee Signature

Date

Agency Representative

Date