

VACCINATION DECLINATION FORM

DATE: _____

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity at Goucher College to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that if I decline the vaccine offered by the College, 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 at no charge to me.

Employee Signature

Facility Representative Signature

Date

Date

I have _____ have not _____ previously received the Hepatitis B vaccine on _____ (insert dates of vaccinations).

