VACCINATION DECLINATION FORM

| Employee Name: | |
|---|---|
| Title: | |
| I understand that due to my occupational exinfectious materials I may be at risk of actinfection. I have been given the opportunity vaccine, at no charge to myself. However, I do this time. I understand that by declining this acquiring Hepatitis B, a serious disease. If, occupational exposure to blood or other potent to be vaccinated with Hepatitis B vaccine, I car charge to me. | equiring Hepatitis B virus (HBV) to be vaccinated with Hepatitis B ecline the Hepatitis B vaccination at vaccine, I continue to be at risk of in the future, I continue to have ially infectious materials and I want |
| Employee Signature | Date |

PLEASE SEND THIS COMPLETED FORM TO THE HEALTH DEPARTMENT IN BISHOP