

## **Hepatitis B Declination Statement**

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 read and understand the health risks involved with Hepatitis B; however, I voluntarily decline Hepatitis B vaccination at this time. I fully understand the risk of its transmission and have full knowledge of its effects on the human body. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_