

APPENDIX D

Declination Form for Hepatitis B Vaccination

Decline:

I understand that due to my occupational exposure (or possible exposure) to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HPB) infection. I have been given information on the hepatitis B vaccine, including its efficacy, safety, method of administration and the benefits of being vaccinated. I also understand that the vaccine and vaccination series will be offered free of charge. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at possible 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.

_____ I decline to receive this free immunization.

NAME: (Print): _____ Date _____

SIGNATURE: _____ Date _____

Previously Vaccinated:

I understand that due to my occupational exposure (or possible exposure) to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HPB) infection. I have been given information on the hepatitis B vaccine, including its efficacy, safety, method of administration and the benefits of being vaccinated. However, by virtue of receiving the vaccination at a location other than Villanova University, I decline the vaccination at this time. I will obtain and provide to the Office of Environmental Health & Safety medical evidence of such vaccination.

_____ I decline to receive this free immunization.

NAME: (Print): _____ Date _____

SIGNATURE: _____ Date _____