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Hepatitis B Declination Statement

Confidential

The following statement declining the Hepatitis B vaccination must be signed by an employee who chooses not to accept the vaccine. The statement can be signed only AFTER the employee has received appropriate training regarding Hepatitis B and the Hepatitis B vaccination and the employee has been told that he or she can receive the vaccine at no cost to him or her. This statement is NOT a waiver. If an employee later chooses to receive the Hepatitis B vaccination and he or she still has occupational risk, the employee can request and receive the vaccination at that time.

DECLINATION STATEMENT

I understand that due to my potential for occupational exposure to blood or other potentially infectious materials I may be at risk of Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated against HBV at no cost to me; however, I decline receiving this vaccine at this time. I understand that without the vaccine I will continue to be at risk of HBV infection.

I understand that if my duties continue to potentially expose me to blood or other potentially infectious materials and I later choose to be vaccinated against HBV, I can receive the vaccine series at no cost to me.

Employee Signature

Date