

Employee Hepatitis B Vaccine Declination

School District: St Cloud School District

Department: _____

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 been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself; however, I decline the hepatitis B vaccination at this time.

I understand that by declining this vaccine, 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 series at no charge to me.

(Employee's Printed Name)

(Employee's Signature)

(Date)

(Supervisor/Principal Printed Name)

(Supervisor/Principal Signature)

(Date)