

**HEPATITIS B VACCINE DECLINATION/SHOT RECORD FORM**

Section 1910.1030

I have already completed the Hepatitis B vaccination series.

Dates of Vaccination \_\_\_\_\_

Where \_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

Signature

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I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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