HEPATITIS B VACCINE DECLINATION

Return this completed form to Walla Walla University Human Resources

Name of Employee: __________________________________________
WWU ID: ____________________________

Date of Training __________________   Trainer ________________________________

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of exposure to the hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the 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 want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no cost to me.

________________________  ________________  ____________________________
Employee Signature          Date

Witness Signature          Date

Additional Information

_____ I have previously received a complete series of hepatitis vaccinations.

_____ I have received antibody testing showing I am immune to the hepatitis B virus.

_____ I cannot receive the hepatitis vaccine for medical reasons.

Comments: ______________________________________________________________
______________________________________________________________
______________________________________________________________

This record is required to be retained for the duration of employment plus 30 years.