

# **THE UNIVERSITY OF NORTH CAROLINA at GREENSBORO**

## **HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis-B (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at not charge to myself. However, I decline 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 want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's comments: \_\_\_\_\_

cc: Office of Safety, Departmental Personnel File

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