Hepatitis B Vaccine Declination (Mandatory)

I,, understand that du	е
(Print Name) 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	1
the opportunity to be vaccinated with Hepatitis 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.	
(Signature)	
(Agency)	