

**APPENDIX I**

**HEPATITIS B VACCINE – DECLINATION FORM**

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 can 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.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Witness Name \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_