

### Hepatitis B Vaccine – Declination Form

Hepatitis B is a liver infection caused by the Hepatitis B virus (HBV). Hepatitis B is transmitted via blood and/or body fluid. For some people, hepatitis B is an acute, or short-term, illness but for others, it can become a long-term, chronic infection. Chronic Hepatitis B can lead to serious health issues, like cirrhosis or liver cancer. The best way to prevent Hepatitis B is by receiving the vaccine and having a positive titer.

CDC recommends all healthcare workers who may be exposed to blood, or other potentially infectious body fluids, complete the Hepatitis B three-vaccination series.

Possible vaccine side effects may include local reactions, injection site soreness, and/or fatigue.

By completing this form, I am attesting that I have read the above information and have had an opportunity to ask questions regarding Hepatitis B vaccine. I have received the [CDC Vaccine Information Statement](#).

Please select the checkbox that best describes your immunization status for the Hepatitis B vaccine:

- ☐ I have not completed the Hepatitis B vaccine series, in process
- ☐ I have completed the series, but have not received a positive titer result
- ☐ I am declining to have the Hepatitis B vaccine series

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus infection. I also understand that by not being fully vaccinated with a positive titer, I continue to be at risk of acquiring Hepatitis B, a serious disease. Should I acquire HBV infection, I will hold harmless my school, any affiliating health care agencies, organizations, or any associated persons.

Printed Legal Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_