Employee ID #____________________
(ID Number is printed on your pay check)

Please see the educational information regarding Hepatitis B vaccine benefits which is posted at the following site:
before you sign this form. If you still want to decline this vaccination, please print and sign this form.

The form may be faxed to 936-0966 or you can bring it to:

Vanderbilt Occupational Health
Clinic Suite # 640 Medical Arts Bldg.
Phone: 615-936-0955

________________________________________________________________________________

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 hepatitis B vaccine, at no charge to me; 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 I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Patient/Legal Representative Print Name: ____________________________________________

Patient/Legal Representative Signature: ____________________________________________

Relationship: ___________________________ Date: ________ Time: __________

Provider Print Name: ___________________________ Title: __________

Provider Signature: ___________________________ Date: ________ Time: __________