

**Vanderbilt University Medical Center**  
**Occupational Health Clinic**  
**Hepatitis B Declination Statement**  
OHC-Orientation



Patient Label or Patient Identifiers

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:  
<http://healthandwellness.vanderbilt.edu/news/2011/09/hepatitis-b/>  
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

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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: \_\_\_\_\_