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dedication makes the difference

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood, bodily fluids, or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

I acknowledge that I am fully aware of this vaccine and that it is available to me at any healthcare facility, and that I will be solely responsible for any exposure to the Hepatitis B Virus. However, I decline the Hepatitis B vaccination even though I am aware of the potential risk of acquiring this 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 any healthcare facility.

Reason for Declination:

- I do not wish to be vaccinated at this time.
- The vaccine is contraindicated for medical reasons.
- I have already received, or am in the process of receiving the Hepatitis B series.

Vaccination History:

<input type="checkbox"/> Dose 1	Date _____	Location _____
<input type="checkbox"/> Dose 2	Date _____	Location _____
<input type="checkbox"/> Dose 3	Date _____	Location _____

Employee Signature

Date

Name (please print)