

ATTACHMENT E

Hepatitis B vaccination Decline to Accept Form

DECLINE TO ACCEPT HEPATITIS B VACCINE

I have read the information provided by the University Medical Center about Hepatitis B and the Hepatitis B Vaccine, "Engerix-B". I have had an opportunity to ask questions, understand the benefits and risks of the Hepatitis B Vaccine, and do not wish to receive this vaccine. I request that it not be given to me.

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 myself. 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.

Signature of the Recipient

Date

Signature of the Witness

Date

Signature of Parent *(for minor students under age 19)*

Date