

**HEPATITIS B VACCINE WAIVER**

I \_\_\_\_\_, understand that due to the occupational exposure to blood and /or other potentially infectious material I may be at risk of acquiring hepatitis B virus ( HBV) infection. I decline the hepatitis B vaccination at this time. I understand that by declining this vaccination I continue to be at risk of acquiring hepatitis B, a serious disease. If I continue to have occupational exposure to blood or other potentially infectious material and I want to be vaccinated with hepatitis B vaccine in the future, I understand I may participate in a vaccination program.

Employee Signature: \_\_\_\_\_

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