

HEPATITIS B VACCINE DECLARATION STATEMENT

DEPARTMENT: _____

UID: _____

I, _____, (PRINT NAME)

- ...would like to receive a Hepatitis B vaccination series free of charge. I understand that I am responsible for arranging time off with my supervisor and for contacting ISU Student Health Services to schedule appointments. I agree to complete the Hepatitis B vaccination series in its entirety.

- ...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, if 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.

Employee Signature

Date

Return this form to Departmental BBP Administrator