

**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

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