HEPATITIS B VACCINE DECLINE TO ACCEPT FORM

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. It has been recommended that I be vaccinated with Hepatitis B vaccine, at my expense or at the expense of my employer. 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.

I have completed and understand the safety and infection control training at the University of Wisconsin Hospital and Clinics (UWHC), including information on bloodborne pathogens.

I understand that I must comply with the bloodborne pathogen control plan at UWHC, even if I am vaccinated against Hepatitis B.

I understand Hepatitis B is transmitted through contact with an infected person’s blood or body fluids.

Having read and understood the above stated information, I hereby decline to be vaccinated with Recombinant Hepatitis B Vaccine.

My reason for refusal is:   _____Medical Reasons
                                _____Other: _______________________________________________

___________________________________________
(PRINT) Representative Name

___________________________________________
Representative Signature

___________________________________________
UWHC Staff Signature

___________________________________________
Date

Please return this form to the Vendor Liaison Office.