

**Appendix E**

**Academic Affairs Division Clinical Laboratories, Respiratory Care and Health Administration**

DECLINATION STATEMENT

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 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.

- I have already received the Hepatitis B vaccine, therefore DECLINE.

- I DECLINE the Hepatitis B vaccine.

\_\_\_\_\_  
Employee's Printed Name      Employee's Signature      Date

\_\_\_\_\_  
Witness's Printed Name      Witness's Signature      Date

**Please forward completed forms to the Chair/Director/Head of the department or specified designee for which this BBP program is written.**