



Hepatitis B Declination Statement Form

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, 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, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B virus, I can receive the vaccination series at no charge to me.

_____ I have completed the Hepatitis B vaccine on _____(date)

_____ I have not completed the Hepatitis B vaccine and decline at this time.

Name (print)

Signature

Department

UNLV Employee ID Number

Date

Mail completed form to:
Risk Management and Safety
University of Nevada, Las Vegas
Mailstop 1042
4505 Maryland Parkway
Las Vegas, NV 89154-1042