



## Hepatitis B Vaccine Declination (MANDATORY)

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 me; 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 I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated, I can receive the vaccination series at no charge to me. California Code of Regulations, Title 8, section 5193, subsection (f) (2) (D)

I decline the Hepatitis B Vaccination Series due to the following reason(s):  
(Please mark at least one choice)

- I am declining because I choose not to have the hepatitis B vaccination series. I am aware that I may change my mind at a later date.
- I have completed the entire series of hepatitis B vaccinations. I have a record or know the date and location of those vaccinations.
- I have already completed the entire hepatitis B vaccination series. I do not have a record or cannot recall when I received the vaccination.
- I have a positive hepatitis B surface antibody titer.
- Other

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Name

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Job Title/Department

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UCLA ID number