



Occupational Health Services
10833 Le Conte Avenue
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Los Angeles CA 90095
Tel: (310) 825-6771
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Hepatitis B Vaccine

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.

(Please check appropriate box)

I would like to receive the Hepatitis B Vaccine.

Hepatitis B Vaccine Declination (mandatory)

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.**

I decline the Hepatitis B Vaccination Series due to the following reason(s):

(Please mark at least one choice)

- I have previously completed a hepatitis B 3-vaccine series with written documentation and choose not to repeat the vaccine series at this time.
- I have previously completed a hepatitis B 3-vaccine series, but I do not have written documentation and choose not to repeat the vaccine series at this time.
- I have been diagnosed with hepatitis B in the past.
- Other: _____

Signature

Date

Date of Birth

Print Name

Job Title/Department