



Clyman Fire Department Clyman Emergency Medical Responders Clyman, WI

HEPATITIS B VACCINE DECLINATION FORM

I understand that, due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the 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 with the Hepatitis B vaccine, I can receive the vaccine at no charge to me.

Date: _____

Signature

Printed name

WITNESS:

Date: _____