

**Hepatitis B Vaccination Refusal**

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

I decline this vaccine due to:

(1) I am an independent contractor of this agency and understand it is my responsibility to be vaccinated with the Hepatitis B vaccine at my own expense. \_\_\_\_\_

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(2) I have been previously vaccinated with the Hepatitis B vaccine \_\_\_\_\_

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Contractor Name (Print)	Contractor Signature
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Witness	Date
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**Consent**

I have read the attached information about Hepatitis B and the Recombinant Hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccination. I understand, as with all medical treatments, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

I understand that I must have (3) doses of the vaccine to confer immunity. The initial dose, a second dose one month (1) later and a third dose six (6) months after the initial dose. I also understand that I will be required to have my blood drawn to document immunity three (3) months after the last dose of vaccine is administered.

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Contractor Name (Print)	Contractor Signature
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Witness	Date
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