

**DECLINATION TO RECEIVE
HEPATITIS B VACCINATION**

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 the 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 vaccination series at no charge to me.

I hereby DECLINE receipt of the Hepatitis B Vaccine Series.

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____

Signature: _____ Social Security # _____ Date: _____

I have already received the Hepatitis B Vaccination Series.

List below approximate date(s) of series and location of vaccination records:

Signature: _____ Social Security # _____ Date: _____

Return completed form to:
**Human Resources Office
Fairbanks North Star Borough School District
520 Fifth Avenue
Fairbanks, AK 99701**

