



AURORA UNIVERSITY

HEPATITIS B VACCINE DECLINATION STATEMENT

I understand that due to my occupational exposure to blood and 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 myself. However, I decline Hepatitis B vaccine 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 vaccination series at no charge to me.

I have been given and have read the CDC Hepatitis B Vaccine sheet.

Printed name: _____

Signature: _____

Date: _____

Witness's Signature: _____

I have previously received the complete vaccine series but I am unable to supply proof. I exercise my right to decline to receive the vaccine at this time.