



Declination Form: Hepatitis-B Vaccine

Name of Employee: _____

I voluntarily decline the Hepatitis-B vaccine at this time. I understand that I may decide to receive the immunization series or booster(s) at any time during my employment with USF. If I decide to receive the immunization series while at USF, I will notify my direct supervisor.

USF Employees who decline the Hepatitis B Vaccine must read and acknowledge understanding of the following statement by signing and dating this document as indicated below.

“I understand that due to my occupational or educational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised by USF that I should be vaccinated with Hepatitis B Vaccine. I voluntarily choose to 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 or educational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I will notify my direct supervisor and make arrangements to receive the vaccination series.” I am eighteen (18) years of age or older.

Employee Signature _____ Date: _____

Print Name _____

Witness Signature _____ Date: _____

Print Name _____