



HEPATITIS B VIRUS (HBV) VACCINE ACCEPTANCE OR DECLINATION FORM

Acceptance Statement

I, the undersigned, acknowledge that my employer, The University of Mary Washington, has offered the hepatitis B virus (HBV) vaccine to me at no cost. I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job. I wish to receive the hepatitis B virus vaccine.

Employee's name (printed) Employee's signature

Department Supervisor / Witness signature Date

NOTE: If you accept to receive the hepatitis B vaccine, you must report to the designated medical provider within 10 working days of signing this form.

Declination Statement

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 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 vaccination series at no charge to me.

All my questions regarding the risk of acquiring hepatitis B virus, and the hepatitis B virus vaccination process, have been answered to my satisfaction.

Employee's name (printed) Employee's signature

Department Supervisor / Witness signature Date

Retain a copy of this document in Employee's medical record for 30 years after termination of employment