

Robert Morris University
Hepatitis B Vaccination Declination & Acceptance Form

Employee must complete Section 1 Declination or Section 2 Acceptance as appropriate:

Section 1 - Employee Declination:

I understand that due to my potential 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 a hepatitis B vaccine, at no charge to myself. However, I **decline the hepatitis B vaccine at this time**. I understand that by declining this vaccine, I continue to be at a greater risk of contracting the HBV virus through my occupational exposure to blood or other potentially infectious materials and that this is a serious disease. If, in the future, I continue to have this potential exposure to blood or other potentially infectious materials and I want to be vaccinated with the HBV vaccine, I may receive the vaccination series at no charge to me.

I am declining the Hepatitis B vaccination series and/or the Hepatitis B titer as offered by the University.

I have previously received the Hepatitis B vaccination series.

Employee Signature

Date

Employee Printed Name

Section 2 - Employee Acceptance:

I understand that due to my potential occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection and as such elect the following (select one):

I elect to receive the Hepatitis B vaccination as offered by the University.

I elect to receive Hepatitis B Titer as offered by the University.

Employee Signature

Date

Employee Printed Name

Witness Signature