OCCUPATIONAL HEALTH SERVICE
UNC HEALTH CARE

HEPATITIS B DECLINATION FORM

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. I would like to accept vaccination through the Occupational Health Service at this time.

_____ I would like to be vaccinated.

I. INFORMED REFUSAL FOR HEPATITIS B VACCINATION

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.

_____ I have chosen to decline the Hepatitis B Vaccine at this time. I have read this form or it has been explained to me.

_____ I have received the complete series of Hepatitis B Vaccine (3 doses: 0, 1 & 6 months).

OR

_____ I have received Heplisav-B Vaccine (2 doses, at one month interval).

☐ I do have documentation.
☐ I do not have documentation.

________________________________________    Date______________
Employee Signature

________________________________________    Date______________
Signature of MD/FNP/Occupational Health Nurse

Attachment 3: Hepatitis B Declination Form and Informed Refusal for Hepatitis B Vaccination for UNC Health Care Employees