GRAPE TREE
MEDICAL STAFFING

HEPATITIS B DECLINATION

Fresh Staffing Solutions

Hepatitis B Vaccination Exemption
I hereby declare that:

☐ I have already received the complete Hepatitis B vaccination series
Date Completed: _____

☐ I have demonstrated immunity through antibody testing

☐ The vaccine offers medical contraindications for me

☐ I am declining the Hepatitis B vaccination series and none of the above apply
Describe: _____

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.

Printed Name: _____

Signature: _____ Date: _____