

University of Rochester  
University Health Service

***Hepatitis B Vaccine Declination Form***

I have already received the Hepatitis B vaccination series, and/or I have had a positive Hepatitis B antibody titer.	YES ____  NO ____ (if NO, answer questions 1-5 below)
1) I understand that due to my occupational exposure to blood or other potentially infectious materials I am at risk of acquiring Hepatitis B virus (HBV) infection.	YES ____ NO ____
2) I have been given the opportunity to ask questions and offered the Hepatitis B vaccine at no charge to myself.	YES ____ NO ____
3) I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease which I could potentially transmit to others. In the future, if 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 cost to me. I understand the cost of the hepatitis B vaccine will be paid for by my department.  This can be done by calling <b>UHS Occupational Health at 275-4955</b> during normal office hours or <b>275-2662</b> for urgent issues after hours.	YES ____ NO ____
4) I decline the opportunity to consult a University Health Service healthcare provider about Hepatitis B related questions at this time. (Although I may do so in the future, if I desire.)	YES ____ NO ____
5) I decline the Hepatitis B vaccination at this time.	YES ____ NO ____
6) I understand that if I change my mind and would like to receive the Hepatitis B vaccine series, I can call and make an appointment with University Health Service.	YES ____ NO ____

\_\_\_\_\_  
Employee/Student's Name (PRINT)

\_\_\_\_\_  
Employee/Student's Signature

\_\_\_\_\_  
Employee/Student's Date of Birth

\_\_\_\_\_  
UR ID Number

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee/Student's Address

\_\_\_\_\_  
Employee/Student's Telephone Number

\_\_\_\_\_  
Lab Name/PI/Supervisor, if applicable

**\*Please return form to  
University Health Service  
Fax: 585-461-9636**

**Please call UHS Occupational Health  
with any questions or concerns  
585-275-4955**