

University of Rochester
University Health Service

Hepatitis B Vaccine Declination Form

1) I have been offered the Hepatitis B vaccine series and have been given the opportunity to ask questions.	YES ____ NO ____
2) 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.	YES ____ NO ____
3) 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 ____
4) 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 ____
5) I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk for acquiring Hepatitis B infection. In the future. If I continue to have occupational exposure to blood or potentially infectious materials and would like the Hepatitis B vaccine, I understand I can receive the vaccine through University Health Office.	YES ____ NO ____

_____ Employee/Student's Name (PRINT)	_____ Employee/Student's Signature
_____ Employee/Student's Date of Birth	_____ UR ID Number
_____ Date Signed	<div><p>*Please return form to University Health Service Fax: 585-461-9636 or Email: uhsocchealth@uhs.rochester.edu</p><p>Please call UHS Occupational Health with any questions or concerns 585-275-4955</p></div>
_____ Employee/Student's Address	
_____ Employee/Student's Telephone Number	
_____ Lab Name/PI/Supervisor, if applicable	