

**The University of the Incarnate Word
Environmental Health Safety and Risk Management
Hepatitis B Virus Vaccine Acceptance or Declination Form**

Acceptance Statement

I, the undersigned, acknowledge that my employer, The University of The Incarnate Word, has offered the Hepatitis B Virus (HBV) vaccine to me at no cost. I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job. **I wish to receive the Hepatitis B virus vaccine.**

_____ Employee's name (printed)	_____ Employee's signature	
_____ Department Supervisor	_____ Witness signature	_____ Date

If you accept to receive the hepatitis B vaccine, you must report to the designated medical provider within 10 working days of signing this form.

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.

All my questions regarding the risk of acquiring Hepatitis B Virus, and the Hepatitis B Virus vaccination process, have been answered to my satisfaction.

_____ Employee's name (printed)	_____ Employee's signature	
_____ Department Supervisor	_____ Witness signature	_____ Date