



Declination Statement:

I understand that due to my possible 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 me; 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.

Employee Signature **(Print & Sign):**

Date: _____

Department: _____

BU ID#: _____

Please return a copy of this completed document to the Environmental Health & Safety Department attention Campus Safety Manager.

(254) 710-2900

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