



## Hepatitis B Vaccine Declination Form

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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

TUID # or Social Security Number \_\_\_\_\_

Supervisor's Name (Print) \_\_\_\_\_

This information is collected for documentation purposes only. Failure to provide this data may result in the improper identification of the individual participating in the activity. This information may be inspected, amended, or corrected by contacting the Department of Environmental Health & Safety. This information is generally not available for public inspection. It will be shared only with other departments at Towson University, the University System of MD, the State of Maryland, the U.S. federal government, and with other entities permitted by law and/or as authorized by you.

Three copies should be made:

(White Copy - Environmental Health & Safety, Yellow Copy - Employee, Pink Copy - TU Health Center)