MINNEAPOLIS SCHOOL BASED CLINICS program

Employee Declination

Hepatitis B Immunization

A program of the Minneapolis City of Lakes Department of Health & Family Support

Declination

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 the hepatitis B vaccine, at no charge. 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.

Signature

_____

Employee Name *please print*

_____ _____

Employee Signature Date