

Employee hepatitis B virus consent / declination form*

I understand that all employees who are reasonably anticipated to come into contact with human blood or other potentially infectious materials during their normal duties must complete this form. I acknowledge that I have been provided with a copy of the CDC [Hepatitis B Vaccine Information Statement](#). I have read and understood the information provided to me.

Based upon this information, I acknowledge the following. Please check only one of the following boxes:

I have not received the hepatitis B vaccination series. However, my employer has provided me with information on how to receive the vaccination free-of-charge through ASU Health Services. I understand this includes three injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to hepatitis B and that I might experience adverse side effects as the result of the vaccination. I acknowledge that I must provide proof of vaccinations to my employer as they are received.

I have already received the hepatitis B vaccination series. Please list the date, or approximate date, of each vaccination and provide proof of vaccinations to your employer:

1st dose:	/	(Month/Year)
2nd dose:	/	(Month/Year)
3rd dose:	/	(Month/Year)
Booster:	/	(Month/Year)

I have received antibody testing to confirm immunity to hepatitis B. Please provide proof of immunity to your employer.

I do not wish to receive the hepatitis B vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring a 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 vaccination, 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 name | print: _____

Employee's department | print: _____

Employee signature: _____

Date: _____

Original: Maintained by Supervisor or Designee
Copy: Employee
* Pursuant to 29 CFR § 1910.1030(f)(2)(iv)

Hepatitis B vaccine declination form for students: students.asu.edu/prehealth/hep