UNIVERSITY OF MIAMI
HEPATITIS B VACCINATION DECLINATION FORM

INSTRUCTIONS: Every employee covered by the OSHA Bloodborne Pathogens Standard must complete EITHER this form OR the Hepatitis B Vaccination Consent Form.

Check A OR B below

☐ A. I am previously vaccinated with the complete series of the Hepatitis B vaccine.

☐ B. 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 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 disease, which is 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.

____________________________________ ____________________________________
Employee Name (PRINT)                      Employee ID Number

____________________________________ ____________________________________
Employee Signature                          Date

_________________________________________ _________________________________
Department     Department Phone Number