

**HEPATITIS B VACCINE WAIVER**

I understand that due to my Occupational Exposure to blood or other potentially infectious materials that 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 vaccine 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 that time at no charge to me.

<b>Names of Employee (print)</b>	<b>Signature of Employee</b>

<b>Job Title</b>	<b>Date</b>

Have you previously declined the hepatitis B vaccination series?	<b>Yes No NA</b>
Are you declining now because you have had the series before?	<b>Yes No NA</b>
Are you declining now because you have tested positive for immunity?	<b>Yes No NA</b>

Receipt by QP General Manager / HR Administrator: \_\_\_\_\_

Name, Title

\_\_\_\_\_

Date

