



HEPATITIS B VACCINATION DECLINATION FORM
MUST BE COMPLETED AT THE FIRST DAY OF TRAINING

Hotel: _____

Name: _____

Department: _____

Date: _____

I understand that my job requires constant contact with guest items and I may be exposed to blood or other potentially infectious materials and that I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I may be at risk of acquiring hepatitis B, a serious disease. *If in the future I continue to have occupational exposure to blood or other potential 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 Signature: _____ Department: _____

Witness: _____ Title: _____