



## Hepatitis B Immunization Declination Form

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Work Area/ Department: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that, due to occupational exposure to blood or other infectious materials, I may be at risk of acquiring Hepatitis B infection. I have been informed that it is highly suggested that I obtain vaccination prior to my role at Prisma Health. I understand that without immunization I continue to be at risk of acquiring Hepatitis B. I may elect at a later date to obtain immunization.

☐ Yes, I have received Hepatitis B vaccination(s) in the past.

☐ No, I have never been vaccinated against Hepatitis B.

Student's Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_