

## Hepatitis B Virus (HBV) Vaccine Acceptance OR Declination Form - Appendix D

### Acceptance Statement

I, undersigned, acknowledge that my employer, Nova Southeastern University has offered the hepatitis B virus (HBV) vaccine to me at no cost. I have been informed of the biological hazards that exist in my workplace, and I understand the risks of exposure to blood or other potentially infectious materials involved with my job.

**I wish to receive the hepatitis B virus vaccine.**

\_\_\_\_\_  
Employee's Name (printed)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Badge Number

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor/Witness Signature

\_\_\_\_\_  
Date

Note: If you accept to receive the hepatitis B vaccine, you must report to the designated medical provider within 10 working days of signing this form.

### Declination Form

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 (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 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 no charge to me.

All my questions regarding the risk of acquiring hepatitis B virus, and the hepatitis B virus vaccination process, have been answered to my satisfaction.

\_\_\_\_\_  
Employee's name (printed)

\_\_\_\_\_  
Badge Number

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor/Witness Signature

\_\_\_\_\_  
Date

**Retain a copy of this document in Employee's medical record for 30 years after termination of employment**