



## Hepatitis B Declination Statement

### DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the 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 the hepatitis B vaccination at this time. I understand that by declining this vaccination, 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_ I have completed the hepatitis B vaccine on (date): \_\_\_\_\_  
Initials

\_\_\_\_\_ I have not completed the Hepatitis B vaccine and decline at this time.  
Initials

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
UNLV Employee/Volunteer ID Number

\_\_\_\_\_  
Date

Mail completed form to:

University of Nevada, Las Vegas  
Risk Management and Safety  
4505 S. Maryland Parkway  
Mail Stop 1042  
Las Vegas, Nevada 89154-1042