



UMBC

University of Maryland, Baltimore County

Employee Hepatitis B Vaccine Declination Form (MANDATORY)

I understand that due to 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 the hepatitis B vaccine, at no charge to myself. However, I decline the 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**Employee Name (Print):** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Campus ID Number :** \_\_\_\_\_

**Witness Name (Print):** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_