Occupational Health Center
617-353-6630
buohc@bu.edu
https://www.bu.edu/buohc

Research Occupational Health Program
617-358-7647
rohp@bu.edu
https://www.bu.edu/rohp

Occupational Health Vaccination Declination

Hepatitis B

Information

Hepatitis B Vaccine Information Statement (VIS) from the CDC:
https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html

All current VISs from the CDC:
https://www.cdc.gov/vaccines/hcp/vis/current-vis.html

Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials and agents, I may be at risk of acquiring **hepatitis B** infection. I have been given the opportunity to review the CDC Vaccine Information Statement and to be vaccinated with the **hepatitis B** vaccine series, at no charge to me.

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 and vaccine-preventable 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 at no charge to me.

_____ _____

Signature **Date of Signature**

_____

Printed Name

_____ _____

Date of Birth **BUID**