

Hepatitis B Virus Declination Statement

County of Santa Clara

Facility Name (PRINT):

Practitioner Name (PRINT):	
Hepatitis B virus (HBV) Declination Statement →	
I understand that due to my occupational exposure to blo be at risk of acquiring hepatitis B virus (HBV) infection. It with hepatitis B vaccine, at no charge to me; however, understand that by declining this vaccine I continue to be If, in the future I continue to have occupational exposure and I want to be vaccinated with hepatitis B vaccine, I come.	have been given the opportunity to be vaccinated, I decline hepatitis B vaccination at this time. at risk of acquiring hepatitis B, a serious disease to blood or other potentially infectious material.
Employee Signature:	Date:

SWP-126 7/5/18