Appendix E
Hepatitis B Vaccine Declination (Mandatory)

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 at a reasonable time and place. 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 the hepatitis B vaccine, I can receive the vaccination at a reasonable time and place and at no charge to me.

__________________________________________________________  ____ __/______/________
SIGNATURE DATE

__________________________________________________________  ____ __/______/________
WITNESS SIGNATURE DATE

Hepatitis B Vaccine Declination Form must be submitted to:
Wellness Center, University of Notre Dame, 100 Wellness Center, Notre Dame, IN 46556
Phone: (574) 634-9355

Approval Date: March 2015
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