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.

_____ _____/____/_____
NAME DOB

_____ _____/____/_____
SIGNATURE DATE

_____ _____
SUPERVISOR NAME PHONE

_____ _____/____/_____
SIGNATURE DATE

Submit completed form to:
Notre Dame Wellness Center
University of Notre Dame
100 Wellness Center
Notre Dame, IN 46556
Phone: (574) 634-9355
Secure Fax: (574) 631-3377

Approval Date: March 2015
Revision Date: March 2019