UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER

4200 East Ninth Avenue
Denver, Colorado 80262

DECLINATION OF HEPATITIS B VACCINE

UCHSC EMPLOYEE STATEMENT

I understand that due to me occupationall 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 me. However, I decline the hepatitis B vaccination at this time

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I wnat to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge ot me.

_____
Employee Name (printed)

_____
Employee Signature Date

_____
Supervisor Name (printed)

_____
Supervisor Signature Date