



Advanced Care Providers

PO Box 972

Minocqua, WI 54548

Fax: 323-375-3290

Hepatitis B Vaccine Declination Form

Name (print) _____

I wish to have the hepatitis B vaccination series and understand I will be personally responsible for the incurred cost.

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 my own expense; however, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine 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 hepatitis B vaccine, I can receive the vaccination series at my own expense.

I have already received the series of three (3) hepatitis B vaccines.

Date _____

Date _____

Date _____

Signature _____ Date _____