**University Employee Occupational Health Clinic**

University of North Carolina at Chapel Hill

145 N. Medical Drive CB # 1649

Phone 919-966-9119 Fax 919-966-6337

# Hepatitis B Vaccine Declination

**DIRECTIONS:**

***Please complete the following if you have previously received the Hepatitis B Vaccination series or if you are declining the Hepatitis B Vaccination series. After printing and completing the form, you can place it in campus mail to the University Employee Occupational Health Clinic at CB #1649. It will be reviewed by a clinic provider and you will be contacted if any further information is required. If you have any questions please call the clinic at 919-966-9119.***

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 infection.

**Please initial one of the following:**

 I received the complete series of Hepatitis B Vaccine in *(year of vaccination)*. I do not have original documentation.

 I have been given the opportunity to be vaccinated or complete the series of Hepatitis B vaccines, at no charge to myself; however, I decline Hepatitis B vaccinations 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 Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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Employee Printed Name Date

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Employee Signature PID

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 Department /Job title CB # Work phone or pager

*To be completed by the UEOHC*

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Last updated 02/14/2014 hbv declination.doc