DECLINATION OF HEPATITIS B VACCINE
CU DENVER/ANSCHUTZ EMPLOYEE STATEMENT

I understand that due to my occupational exposure to human blood, bodily fluids or other potentially infectious materials, I may be at risk of exposure to the Hepatitis B virus (HBV) and consequently, Hepatitis B infection.

I have been offered the 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 exposure to and infection with the Hepatitis B virus. In the future, while I continue to have occupational exposure to human blood, bodily fluids or other potentially infectious materials, if I determine I want to be vaccinated against the Hepatitis B virus, I can receive the vaccination series at any time.

__________________________________________
Employee Name (printed)

__________________________________________  ____________
Employee Signature                          Date

Revised 08/2014