

**DCFS EMPLOYEE'S HEPATITIS B VACCINATION DECLINATION STATEMENT  
FORM**

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 acknowledge I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline this vaccine, and understand that 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.

\_\_\_\_\_  
Name of Employee (Printed or Typed)

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Date