

**HEPATITIS B VACCINATION FORM**

District Office     Moorpark     Oxnard     Ventura

**Refusal of Vaccination** (Complete/Sign one of four selections below)

*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 no charge to myself. **However, I decline hepatitis B vaccination 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.*

**1.     I decline the Hepatitis B (HBV) vaccine at this time.**

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Dept. \_\_\_\_\_

**2.     I have been previously immunized for hepatitis B (HBV) and do not require additional vaccination.**

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Dept. \_\_\_\_\_

**3.     I have been antibody tested for Hepatitis B (HBV) and have been shown to be immune.**

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Dept. \_\_\_\_\_

**4.     I decline hepatitis B (HBV) vaccine due to medical reasons.**

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Dept. \_\_\_\_\_

**Acceptance of Vaccination**

*I accept my employer's, (Ventura County Community College District) offer for the hepatitis B (HBV) vaccination.*

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_

Signed: \_\_\_\_\_ Dept. \_\_\_\_\_

*A confidential copy of your signed Hepatitis Form will be maintained at the District HR Department.*