



P.O. Box 273
White Marsh, MD 21162

HEPATITIS B VACCINE DECLINATION STATEMENT

I the undersigned 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 the Hepatitis B vaccine at this time. I fully 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, providing that I am currently employed with Dental/Medical Associates and have performed at least 10 assignments within the past 30 days.

Signature

Date

Name (printed)