

**Appendix B**  
**University of Delaware**  
**Hepatitis B Vaccination Declination Form**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Department: \_\_\_\_\_

**Option I**

I have been vaccinated for hepatitis B virus at a previous time.

The dates of vaccination, to the best of my knowledge, are:

Vaccine 1: \_\_\_\_\_

Vaccine 2: \_\_\_\_\_

Vaccine 3: \_\_\_\_\_

Please attach a copy of any vaccination verification if possible.

**Option II**

Hepatitis B Vaccine Declination

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.

**Option III (For Employees, Teaching Assistants, Resident Assistants and Graduate Assistants only)**

I would like to be vaccinated for Hepatitis B