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