## DECLINATION TO RECEIVE HEPATITIS B VACCINATION

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 me. However, I decline Hepatitis B vaccination at this time. I understand that by declining the 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 infection materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name:	Home Phone:	Work Phone:
Address:		
Signature:	Social Security #	Date:
l hav	e already received the Henatitis R V	accination Series
	e already received the Hepatitis B V	
	e already received the Hepatitis B Valow approximate date(s) of series and location	

Return completed form to:
Human Resources Office
Fairbanks North Star Borough School District
520 Fifth Avenue

Fairbanks, AK 99701



Rev. 11/30/01 Attachment 6