

**YALE-NEW HAVEN HOSPITAL**  
**HEPATITIS B VACCINE DECLINATION**

**(Please sign if you are declining HepB 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. 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.

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(Signature)

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Please print Full Name

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(Date)