

HEPATITIS B REQUEST/DECLINATION
Risk Management Department
Lincoln Public Schools

- I hereby request the series of Hepatitis B vaccine injections.**

- I hereby decline this series because:** *(select appropriate response)*
 - I have previously received the series of Hepatitis vaccine injections.
 - I have a positive antibody titer.
 - I should not receive the Hepatitis B vaccine for medical reasons.

I hereby decline the Hepatitis B vaccine injections.
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (*HBV*) infections. I have been given the opportunity to be vaccinated with Hepatitis B, at no charge to myself. However, I decline this vaccine 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.

Employee Name (printed/typed) _____
SSN

School (printed/typed) _____
*Position (printed/typed) *Note if Special Education*

Employee Signature _____
Date

Authorizing Person's Signature _____
Date