



EMPLOYEE DECLINATION STATEMENT **(Decline Hepatitis B Vaccine)**

Florida International University is making the hepatitis B vaccination series available to certain employees who may have occupational exposure to the hepatitis B virus.

The vaccination series consists of three shots, administered at intervals, to the deltoid muscle (upper arm). The three shot series will be administered at intervals of - one month between the first and the second shot, and six months between the second and the final shot. Your department will maintain records of having offered the vaccination series to you. Therefore, if you do not want the vaccination at this time, this declination statement will serve to document your choice

The vaccination series will be:

- Made available to you at no cost.
- Made available to you at a convenient time and place.*
- Administered by, or under the supervision of a licensed physician or nurse.
- Provided according to guidelines of the U.S. Public Health Service.
- Made available after you have received training concerning procedures for preventing and controlling exposure to blood borne pathogens.
- Participation in a pre-screening program is not a pre-requisite for receiving the hepatitis B vaccination series.

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 offered the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself; however, I choose to decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, which is a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I decide to receive the hepatitis B vaccine, I will advise my supervisor and I will receive the vaccination series at no charge to me.

NAME OF EMPLOYEE DECLINING VACCINATION:

SIGNATURE OF EMPLOYEE DECLINING VACCINATION:

DATE: _____

*** Your supervisor will confirm the date, time and location of your appointment.**