

PINELLAS COUNTY SCHOOLS
HEPATITIS B VACCINE DECLINATION FORM

(Please Print)

Employee Name: _____

Address: _____ Phone #: () _____

City, State: _____ Zip: _____

I **DO NOT** wish to receive the Hepatitis B vaccine series now. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the 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 have been given information on how and where I can receive the vaccine at no charge to me.

I understand it is my responsibility to contact the Risk Management Department if I want to begin the Hepatitis B vaccine at a later date. Risk Management staff will provide me with a list of locations where I may receive the vaccine at the school board's expense.

Employee
Signature: _____ Date: _____ / _____ / _____

OPTIONAL:

Please indicate why you declined the vaccination series if you wish to respond.

- | | |
|---|--|
| <input type="checkbox"/> NO REASON | <input type="checkbox"/> WANT TO CHECK WITH DOCTOR FIRST |
| <input type="checkbox"/> ALREADY RECEIVED VACCINATION SERIES | <input type="checkbox"/> ON MEDICATION |
| <input type="checkbox"/> Dates: _____ | <input type="checkbox"/> PREGNANT |
| <input type="checkbox"/> Request Titer: (If more than 10 years
has passed since vaccination) | <input type="checkbox"/> Due Date _____ |
| <input type="checkbox"/> PERMANENT MEDICAL CONDITION | <input type="checkbox"/> SICK TODAY |
| <input type="checkbox"/> DOCTOR ADVISED AGAINST | <input type="checkbox"/> ALLERGIC TO YEAST |

Return to Risk Management