

UNIVERSITY EMPLOYEE HEALTH CLINIC
(UEHC)
HEPATITIS B VACCINATION
DECLINE FORM

DATE
ID #
NAME
BIRTHDATE
SSN

IF NOT IMPRINTED, PLEASE PRINT DATE, ID#, NAME

DECLINE/REFUSAL OF 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 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 can receive the vaccination series at no charge to me.

I decline the hepatitis B vaccine because:

____ I choose not to be vaccinated at this time.

____ I have completed ____ of the series elsewhere:

Institution/Physician: _____

City/State: _____

Date completed: _____

DECLINE/REFUSAL

(Department)

(Social Security Number)

(Signature)

(Date)

(Please print name)

Mail to 1097-1 Boyd Tower

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