**Hepatitis B Vaccination Declination, LMC Model Form**

*League models are thoughtfully developed by our staff for a city’s consideration. Models should be customized as appropriate for an individual city’s circumstances in consultation with the city’s attorney. Helpful background information on this model may be found in the Information Memo* [*“Potential Infectious Disease Exposures in Municipal Operations.”*](https://www.lmc.org/resources/potential-infectious-disease-exposures-in-municipal-operations/)

**City of** **\_\_\_\_\_\_\_**

**Decline 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 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 have read this form and understand its contents. **Employee’s initials**: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Employee Printed Name** | **Employee Signature** | **Date** |
| **Witness Printed Name** | **Witness Signature** | **Date** |