***CHERRYFIELD SCHOOL DEPARTMENT***

***NEPN/NSBA CODE: GBGAA-E1***

**MANDATORY DECLINATION STATEMENT**

Please Print:

Name:

SSN:

Date of Birth:

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 this opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

Please choose one of the following alternatives:

**1. I have received/am currently in the process of receiving hepatitis B vaccine.**

Employee signature Date

Vaccine Dates: #1 #2 #3

**2. Yes, I wish to have hepatitis B vaccine.**

I freely consent to having the hepatitis B vaccine. I understand that while the hepatitis vaccine generally is effective, a small percentage of the individuals who receive the vaccine may not develop immunity.

Employee signature Date

**3. No, I do not wish to have the hepatitis B vaccine.**

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.

Employee signature Date

DATE ADOPTED: January 13, 2015

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