

BEAVERCREEK FIRE DEPARTMENT
HEPATITIS-B VACCINATION DECLINATION STATEMENT
(Form PERS0017 2/94)

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) infections. I have been given the opportunity to be vaccinated with Hepatitis vaccine, at no cost to me. However, **I decline** Hepatitis B vaccine at this time. I understand that declining 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 at no charge to me.

Employee or Applicant Signature _____

Date: _____