

**TULANE UNIVERSITY SCHOOL OF MEDICINE
RESIDENT/FELLOW**

**HEPATITIS-B VACCINE DECLINATION FORM
(VOLUNTARY REFUSAL TO RECEIVE THE HEPATITIS-B VACCINE)**

(Print) Name: _____ Date of Birth: _____

SS#: _____ Dept./Section: _____

I DO NOT WANT THE VACCINATION AT THIS TIME:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for 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 vaccination, 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 am known to have a positive Hepatitis surface antibody titer (HbsAb+), as determined on the following date:

_____/_____/_____
Date of Titer

Laboratory

Signature

Date