Tulane University Hospital & Clinic
Occupational Medicine

Hepatitis-B Vaccination Declination Form
(Voluntary Refusal to Receive the Hepatitis-B Vaccination)

(please print) Name_____ Date of Birth_____

SSN_____ Department_____

(check one)

Medical School_____ Uptown Campus_____ Primate Center_____

Hospital & Clinic_____ Student Health Center_____ SPH&TM_____

(Status)

Faculty_____ Staff_____

Resident_____ Student_____

I DO NOT WANT THE VACCINATION AT THIS TIME BECAUSE *(check one of the following):*

(A)_____ I have previously received the Hepatitis-B vaccination series on the following dates:

1. _____
2. _____
3. _____

(B)_____ I am known to have a positive Hepatitis-B surface antibody titer (HbsAb+) as determined on the following date:

_____ _____
Date of Titer Laboratory

(C)_____ 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 for 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