

POCONO MOUNTAIN REGIONAL EMERGENCY MEDICAL SERVICES

HEPATITIS B VACCINATION NON PARTICIPATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (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 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 then receive this vaccination series at no charge to me.

Employee Name: _____

Employee Signature: _____

Form Completion Date: _____

Reason(s) for Declining Vaccination (OPTIONAL)

_____ Previously Received Hepatitis B Vaccine

_____ Known Positive Titer for Hepatitis B Antibody

_____ Known Previous Hepatitis B Infection

_____ Other Reasons