



## City of Middletown

TELEPHONE (860) 344-3482  
DEKOVEN DRIVE, MIDDLETOWN, CONNECTICUT 06457-1300

### HEPATITIS B VACCINE DECLINATION

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

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 the opportunity to be vaccinated with the hepatitis B vaccine at no charge to me. 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 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age,  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_