



## Hepatitis B Vaccination Acceptance/Declination Statement

**Please indicate whether you have previously received the Hepatitis B vaccination series:**

I received the vaccination series on: \_\_\_\_\_  
Exact or approximate dates

If you were vaccinated between 1991-2001 (20-30 years ago), you may or may not still have immunity. Please select "I accept..." below if you would like to set up an appointment to see if re-vaccination is recommended by a healthcare professional. Please bring any vaccination records you have to this appointment.

**Please indicate whether you accept or decline participation in the Hepatitis B vaccination series:**

I accept participation in the vaccination series.

I decline participation because I am already vaccinated.

I decline participation in the vaccination series **and:**

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 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 receive the vaccination series at no charge to me.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature (handwritten or electronic)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

**Please send this completed form to:**

Environmental Health & Safety & Office of Research Services  
ehsoffice@depaul.edu ORP@depaul.edu