



Declination to Receive Hepatitis B Vaccination

Print Form

Risk Management
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200 || F: (907) 761-4091

Date: _____

Special Instructions: Please complete the appropriate section below to indicate declination or previous receipt of the Hepatitis B vaccination. Send signed forms to Risk Management for record retention(riskmanagement@matsuk12.us).

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 me. However, I decline Hepatitis B vaccination at this time. I understand that by declining the 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.

I hereby **DECLINE** receipt of the Hepatitis B Vaccine Series.

Name: _____ Employee ID: _____ Home Phone: _____

Address: _____

School or Location: _____ Work Phone: _____

Signature: _____ Date: _____

I have already received the Hepatitis B Vaccination Series.