

University of Alaska Anchorage	Section EHS/RMS
ADMINISTRATIVE SERVICES MANUAL	Part Appendix
Policies and Procedures	Statement 12
Title <i>HBV VACCINATION WAIVER FORM</i>	Effective Date 03/01/10

WAIVER OF EMPLOYEE BENEFIT

HEPATITIS B TESTING OR VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with HBV vaccine, at no cost to myself. However, I decline the HBV vaccination at this time. I understand that by declining this vaccination or testing, 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 the HBV vaccine, I can receive the vaccination series at no cost to myself.

employee signature		supervisor signature
printed or typed name		printed or typed name
date		date