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