

**Flushing Community Schools
Category A Employees
Hepatitis B Vaccine**

Employee Name (please print) _____

Employee Signature _____

Date _____

Position _____ School _____

I have been informed about Hepatitis B and the Vaccine. I have checked with my doctor and there are no medical contraindications. Therefore, I am choosing:

_____ to complete the vaccination series

Declination Statement

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.

_____ I choose to decline the vaccination series at this time

_____ I have already received the Hepatitis B Vaccine series.