

BIDDEFORD SCHOOL DEPARTMENT
MANDATORY DECLINATION STATEMENT

Appendix A

Please Print:

Name: _____

SSN: _____

Date of Birth: _____

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 this opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

Please choose one of the following alternatives:

1. I have received / am currently in the process of receiving hepatitis B vaccine.

Employee signature _____ Date _____

Vaccine Dates: #1 _____ #2 _____ #3 _____

2. **Yes**, I wish to have hepatitis B vaccine.

I freely consent to having the hepatitis B vaccine. I understand that while the hepatitis vaccine generally is effective, a small percentage of the individuals who receive the vaccine may not develop immunity.

Employee signature _____ Date _____

3. **No**, I do not wish to have the hepatitis B vaccine.

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.

Employee signature _____ Date _____