



COMMUNITY POOL SERVICE

Hepatitis B Vaccination 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 the Hepatitis B vaccine by my Doctor and be reimbursed by Community Pool Service.

However, I decline the 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 through by Doctor and be reimbursed by Community Pool Service.

By signing this form I am declining the Hepatitis B vaccination either because I already have had the vaccination series or do not want to receive them.

Employee Signature _____ Date _____

Employee name printed _____

Employer Representative Signature _____