



**ROCHESTER INSTITUTE OF TECHNOLOGY  
HEPATITIS B VACCINATION DECLINATION FORM**

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Employee Name: \_\_\_\_\_  
(print legibly)

Department/Title: \_\_\_\_\_

I understand that due to my occupation exposure to blood or other potential 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 have decided to 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 occupation exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccine series at no charge to me.

\_\_\_\_\_ Please check here if you have had the hepatitis B vaccination shot series (3 shots) through a previous employer/doctor's office.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EH&S Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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After signing this form, please forward to the Environmental Health and Safety department via fax 475-2966 or interoffice mail to Environmental Health and Safety; Building 99.

Questions/inquiries regarding this form should be directed to RIT EH&S: 475-6270.