



## Employee Health Services

1700 North Broad Street 4<sup>th</sup> Floor Suite 415

Phone: (215) 204-2679

Fax: (215) 204-1784

Philadelphia, PA 19121

<https://employeehealth.temple.edu/>

# Hepatitis B Declination Statement

Name: \_\_\_\_\_  
LAST FIRST

TUID Number: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine at no charge to myself. However I decline Hepatitis B Vaccination at the 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send to the Human Resources Benefit Department, Mitten Hall - Lower Level, 1913 N. Broad Street, Philadelphia, PA 19122, Attention Thomas Johnston