

**MOREHOUSE SCHOOL OF MEDICINE
Student and Employee Wellness Center
1513 E. Cleveland Ave, Bldg. 500-B
East Point, Ga. 30344
404-756-1241**

HEPATITIS-B DECLINATION

Name _____

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. 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 vaccine, I can receive the vaccination at no charge to me.

Signature

Date

Healthcare Provider Signature

Date