

TALBOT COUNTY BOARD OF EDUCATION
P.O. BOX 1029
EASTON, MD 21601

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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 vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a very serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____	_____
Print Name	Street Address
_____	_____
Signature	City
_____	_____
Date•	State
_____	_____
School	Zip Code
_____	_____
Date of Birth	Phone Number

- ___ I have had the series of shots.
- ___ Please contact me so that I may receive the series of shots at no cost to me.
- ___ I have read the above and decline the opportunity to be vaccinated.