



# Board of County Commissioners

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## **HEPATITIS B VACCINE ACCEPTANCE / DECLINATION FORM**

### ACCEPTANCE:

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV). This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B vaccine (HBV). Based on the training I have received; I am making an informed decision to accept the Hepatitis B vaccine (HBV).

### DECLINATION:

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 to myself. However, I decline 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 at no charge to me.

### CHECK ONE:

I ACCEPT Hepatitis B vaccine inoculation (*proof of Hep B vaccine must be supplied*)

OR

I DECLINE Hepatitis B vaccine inoculation (*accept risks but decline vaccine*)

Employees Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employees Signature: \_\_\_\_\_ Date: \_\_\_\_\_