Employee Health Services
1700 North Broad Street 4th Floor Suite 415
Phone: (215) 204-2679
Fax: (215) 204-1784
Philadelphia, PA 19121
www.temple.edu/EmployeeHealth

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 chart to me.

Signature:_____

Date:_____

Send to the Human Resources Benefit Department, 1852 N.10th Street, TABS 083-39, Philadelphia, PA 19122, Attention Thomas Johnston