



**HEPATITIS B VACCINE DECLINATION  
(MANDATORY)**

www.leecountyil.com

*To be completed by the employee that declines the hepatitis B vaccination and retained by the County Officer/Department Head.*

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.

_____	_____
Print Employee's name	County Department
_____	_____
Employee Signature	Date
_____	_____
Dept. Head or Supervisor's Signature	Date