



New York State Unified Court System

Hepatitis B Vaccination Declination

Employee Name:
Employee Title:
Court Location/Agency:
Phone #:

Date of Incident: ___/___/___
Time of Incident: _____

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring 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 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.

Employee Signature:
Date:

Scan a copy to work-safe@nycourts.gov