



WESTWAYS STAFFING SERVICES, INC.

Hepatitis B Vaccination Declination

Employee Name: _____

Employee SSN: _____

I understand that due to my occupational exposure to blood or other potentially infectious material 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. However, I decline the vaccine at this time. I understand that by declining the 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 my request. I understand that it is my responsibility to request the vaccination if I choose to receive it after this initial refusal.

Employee's reason for refusal:

Employee requests Hepatitis B vaccination series: _____

Employee Signature

Date

Westways Representative

Date