



Informed Refusal of Hepatitis B Vaccination

Team Member Name: _____ Date of Birth: ____ / ____ / ____

Facility:

- | | | |
|--|--|--|
| <input type="checkbox"/> Crowne Pointe | <input type="checkbox"/> Bowling Green | <input type="checkbox"/> Peterson Drive |
| <input type="checkbox"/> Woodland | <input type="checkbox"/> Nicholasville | <input type="checkbox"/> Outpatient/Sober Living |
| <input type="checkbox"/> London | <input type="checkbox"/> Paducah | |

Please check the most appropriate statement:

- ☐ Before my employment here, I was vaccinated, but **I do not have a copy** of the vaccination certificate for my medical records.
- ☐ Before my employment here, my blood was tested.
 - ☐ I was advised that **I have adequate HBV antibodies**. I know that revaccination is not required.
 - ☐ I was advised that **I do not have adequate HBV antibodies**, but I was not revaccinated.
 - ☐ I want to be revaccinated. **If so, stop here and return this form to your supervisor.**
 - ☐ I do not want to be revaccinated at this time.
 - ☐ I know it is always an option if I change my mind.
- ☐ I have been vaccinated before, but I have not been tested for adequate HBV antibodies.
 - ☐ I want to be tested at this time.
 - ☐ I do not want to be tested at this time.
- ☐ I know that if I do not have adequate antibodies, the hepatitis B vaccination is available to me at no charge.
 - ☐ I want to be revaccinated. **If so, stop here and return this form to your supervisor.**
 - ☐ I do not want to be revaccinated.
- ☐ I have been advised of the benefits of the hepatitis B vaccination, but I am declining the vaccination at this time.

I am employed at Stepworks Recovery Centers and have received training regarding the hepatitis B vaccine. I know that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring the hepatitis B infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself. However, I decline the hepatitis B vaccination at this time. I know that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, which is a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Team Member Name: _____ Date: ____ / ____ / ____