

**Hepatitis B Vaccination Form**  
*DeKalb County Fire Department*

I understand that, due to my occupation 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.

I understand that if I decline this vaccination, I will continue to be at risk of acquiring hepatitis B, a serious disease.

If I currently decline this vaccination opportunity and, in the future, I continue to have occupational exposure risk, I may, at any time, contact the department's safety officer and request a vaccination at no charge to me.

After being informed of my options, I chose to do the following (**circle one option**):

I **ACCEPT** the option to receive a hepatitis B vaccination

**OR**

I **DECLINE** the option to receive a hepatitis B vaccine

Your PRINTED name: \_\_\_\_\_

Your signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_