

Declaration of Refusal – Hepatitis B vaccination

1. I, the undersigned, hereby declare that I understand that due to my occupation, I may be exposed to blood or other potentially infectious materials and that I may be at risk of being infected with the hepatitis B virus (HBV).
2. I have been given the opportunity to be vaccinated against hepatitis B
3. In the past I have received vaccination against hepatitis B - *yes/ no*
4. In spite of the fact that I am not vaccinated, I refuse to receive this vaccine and I understand that I continue to be at risk of acquiring hepatitis B **

Signed by:

Name: _____

ID: _____

Signature: _____

Faculty: _____

Name of chief researcher, lab manager: _____

* Strike out which is not applicable

** Paragraph 4 refers only to persons who did not receive in the past vaccination against hepatitis B