# **APPENDIX C - HEPATITIS B VACCINATION SAMPLE DECLINE FORM**

I have read the information about Hepatitis B and the Hepatitis B vaccine.

I UNDERSTAND that due to my occupational 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. 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 contact the DCU and receive the vaccination series.

**Signed: ..………………………………………… Print Name .…………………………………………………..**

**Student ID: ………..…………………………… School/Research Centre: ..……………..……………..**

**Date: ………………………………………….……**

# **Version Control**

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| **Policy Name** | The Management of Inoculation (Sharps) Injury or Blood-Borne Pathogen Exposure Policy for DCU Undergraduate Students |
| **Unit Owner**  | Faculty of Science & Health |
| **Version Reference** | Original - V1.0 |
| **Approved by** | Executive  |
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