



***Health Source Group, Inc.***

**HEPATITIS B WAIVER**

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Name: \_\_\_\_\_

I have received the complete Hepatitis B Vaccination Series

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

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**Declination Statement:**

I decline the 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. I understand that due to my occupational exposure to blood and other potentially infectious material, I may be at a higher risk of acquiring Hepatitis B. However, if in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the Hepatitis B Vaccine, I will receive the Vaccination series at that time.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)