

Hepatitis B Viral Infections – Vaccination Refusal Form

Name of Employee: _____ Date of Birth: _____

Job Position: _____

Address: _____

I have had explained to me the dangers of contracting the Hepatitis B virus infection during the course of my employment with the Organisation.

I have been advised to be vaccinated against Hepatitis B, but I have exercised my right to refuse. I understand that should I wish to be vaccinated at any time in the future, it is my responsibility to present myself for this to be carried out.

Signature: _____ Date: _____