



UNIVERSITY OF ALBERTA

IS004

## **HEPATITIS B IMMUNIZATION REFUSAL**

I, \_\_\_\_\_, have been advised that exposure to human blood/body  
Please Print  
fluids in the performance of my job may potentially expose me to Hepatitis B infection. I have been informed of all risks.

I have been offered Hepatitis B immunization and at this time it is my decision not to receive the vaccine. I understand that by not receiving this immunization, I continue to be at risk of acquiring Hepatitis B, a serious disease. I have been made aware of all the ways that I can reduce my risk of exposure to human blood/body fluids.

I have been advised to also seek an independent professional opinion if I should wish to do so.

If, in future, I wish to receive the vaccine I will contact my supervisor or the Office of Environmental Health & Safety.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

Department Name:

Department Phone Nbr:

JAS/cjf  
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**Office of Environmental Health & Safety**