



Wilkes University Health and Wellness Services
84 West South Street
Wilkes-Barre, PA 18766
Phone: (570) 408-4730
Fax: (570) 408-7873

Notice of Hepatitis B Vaccination and/or Declination Statement

Please Complete:

Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: ____ / ____ / ____ WIN #: _____
Month Day Year (new hires will be assigned a WIN at a later date)
Department: _____ Supervisor: _____
Telephone/Cell: () _____ E-mail: _____

Please check one of the following:

1) If you wish to receive the Hepatitis B Vaccination

_____ *I would like to receive the Hepatitis B immunizations*

Employee Signature: _____ Date: _____

2) If you already received the Hepatitis B Vaccination

_____ *To the best of my knowledge, I have received the Hepatitis B vaccine. The dates of my Hepatitis B immunizations are:*

Dose #1 _____ Dose #2 _____ Dose #3 _____
(If dates are not known, please leave blank)

3) If you do not wish to receive the Hepatitis B Vaccination

Hepatitis B Declination Statement:

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, at no charge to myself.

However, I choose to 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 want I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ *I am not interested in receiving the Hepatitis B immunizations at this time.*

Employee Signature: _____ Date: _____