	Baltimore Washington Medical Center	X	**University of Maryland Medical Center**
	Capital Regional Health		Rehabilitation and Orthopaedic Institute
	Charles Regional Medical Center		Shore Regional Health
	Midtown Campus		St. Joseph Medical Center

Employee Health Services: Hepatitis B Information and Declination Form

Information:

The University of Maryland Medical System is offering recombinant hepatitis B vaccine to all at risk UMMS employees free of charge. Immunization against hepatitis B can prevent acute hepatitis B as well as reduce illness and death from chronic active hepatitis, cirrhosis and liver cancer.

Hepatitis B is a viral infection caused by the hepatitis B virus (HBV). One of the leading occupational hazards to healthcare workers is exposure to hepatitis B. This risk comes from a significant exposure to blood and body fluids after a needle stick or mucous membrane exposure. The hepatitis B vaccine is available to healthcare workers to prevent hepatitis B infection. This is a genetically engineered vaccine and is free of any association with human blood or blood products. The vaccine consists of three intramuscular injections given over a six month period of time after which your blood is tested for immunity. Over 90% of those vaccinated will become immune to the disease and will be protected in the event of an exposure.

Declination:

I understand that I could acquire Hepatitis B Virus (HBV) infection due to my occupational risk of exposure to blood and other potentially infectious material. I have been given the opportunity to be vaccinated with hepatitis B Vaccine, at no charge to myself. 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 blood disease. If in the future I continue to have the risk of occupational exposure to blood or other potentially infectious material and I want to be vaccinated, I can receive the hepatitis B vaccine at no charge to me.

	I have already received all three (3) doses of the hepatitis B vaccine
	I do NOT desire vaccination against hepatitis B
	I am not in patient care and I do NOT desire vaccination against hepatitis B

Signature	Printed Name
Department	Date
Employee ID Number	SSN for non-employee