

HEPATITIS B VACCINE DECLINATION

Caregiver Health Services

Caregiver Name:	ID Number:
Date of Birth:	Department:
Phone number:	Position:

Our PSJH Vision, "Health for a better world," is impacted by vaccine hesitancy, which has contributed to the resurgence of some vaccine-preventable diseases. The Centers for Disease Control and Prevention (CDC) has declared vaccines to be the single greatest public health intervention of the 20th century, second only to clean water.

The American Nurses Association (ANA) states all health care personnel (HCP), including registered nurses (RNs), should be vaccinated according to current recommendations for immunization of HCP by the CDC and Association for Professionals in Infection Control and Epidemiology (APIC). The ANA supports exemptions from immunization only for the following reasons:

1. Medical Reasons
2. Religious and sincerely held ethical or moral beliefs
3. Position does not expose caregiver to blood body fluids (BBF)

Declination (Declination is *NOT* an option for Alaska caregivers) I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B, at no cost to me. However, I decline the Hepatitis B vaccine at the 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 and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Sign if **DECLINING** vaccination:

I am declining due to

- _____ Medical Reasons
- _____ Religious or sincerely held ethical or moral beliefs
- _____ Position does not expose caregiver to blood body fluids (BBF)

ELECTRONIC SIGNATURE ACKNOWLEDGEMENT AND CONSENT FORM

I, _____, agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the **legal equivalent** of my manual/handwritten signature and I consent to be legally bound to this agreement.

Caregiver Signature:	Date:
Caregiver Health Services Signature:	Date: