



Vendor Liaison Office  
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**HEPATITIS B VACCINE DECLINE TO ACCEPT FORM**

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. It has been recommended that I be vaccinated with Hepatitis B vaccine, at my expense or at the expense of my employer. However, 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 disease.

I have completed and understand the safety and infection control training at the University of Wisconsin Hospital and Clinics (UWHC), including information on bloodborne pathogens.

I understand that I must comply with the bloodborne pathogen control plan at UWHC, even if I am vaccinated against Hepatitis B.

I understand Hepatitis B is transmitted through contact with an infected person's blood or body fluids.

**Having read and understood the above stated information, I hereby decline to be vaccinated with Recombinant Hepatitis B Vaccine.**

My reason for refusal is:        \_\_\_\_\_ Medical Reasons  
   \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
(PRINT) Representative Name

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
UWHC Staff Signature

\_\_\_\_\_  
Date

**Please return this form to the Vendor Liaison Office.**