



### Consolidated Clinical Laboratories

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 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 and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

- Furthermore, I understand that the hepatitis B immune globulin will protect me from getting the hepatitis B virus (HBV).
- I understand that when a person gets hepatitis B virus, their risk for chronic (lifelong) infection varies according to the age when the person becomes infected.
- I understand that up to 15% of those who become chronically infected with the hepatitis B virus after childhood die prematurely from cirrhosis of the liver or liver cancer; and that most of these people do not show any symptoms until much later in life, when they develop cirrhosis or end liver disease.
- I understand the benefits of being vaccinated to prevent hepatitis B virus. The potential danger of not having myself vaccinated has been explained to me. My decision to refuse the hepatitis B immune globulin was made freely and without force or encouragement by my doctor or nurse practitioner, or Meharry staff.
- I accept all responsibility, legal, and otherwise for all consequences for this decision.

---

Printed Name

---

Signature

---

Date