

INFORMED REFUSAL OF HEPATITIS B VACCINATION (DECLINATION FORM)

Cerner Corporation
2800 Rockcreek Pkwy
Kansas City, MO 64117

I am employed by Cerner Corporation and have received information regarding the Hepatitis B Vaccine. I understand that due to my work location in a hospital setting there may be occupational exposure to blood and 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 the Hepatitis B vaccine, at no charge to myself. However, **I decline the Hepatitis B vaccination at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, which is a serious disease. If in the future I continue to have occupational exposure to blood and other potentially infectious materials; and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Associate Name (Print): _____

Associate ID Number: _____

Associate Signature: _____

Employer Signature (or representative): _____

Date: _____

PLEASE CHECK THE APPROPRIATE STATEMENT

- I have been advised of the benefits of the Hepatitis B vaccination but I am **declining the vaccination** at this time.
- I am signing this declination form because I was vaccinated prior to my employment at Cerner and **do not have a copy of a vaccination certificate for my medical records.**
- I am signing this declination form because I was vaccinated prior to my employment at Cerner. **I have copies of my vaccination records and have provided them to the Employment Requirements Team.**
- Prior to my employment at Cerner my blood was tested and I was advised that I have adequate HBV antibodies. **I understand that re-vaccination is not required.**
- Prior to my employment at Cerner my blood was tested and I was advised that I did not have adequate HBV antibodies. I was never re-vaccinated following the initial test. **I do not wish to be re-vaccinated at this time but understand that it is always an option if I change my mind.**

OSHA REGULATIONS REQUIRE THAT THIS AND SUBSEQUENT CONFIDENTIAL ASSOCIATE MEDICAL RECORDS BE KEPT FOR 30 YEARS PLUS THE DURATION OF EMPLOYMENT.

OS-011

Provided By HCSI