



Occupational Health Declination Form

I understand that due to my potential occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis or other infections. I have been given the opportunity to be vaccinated with a hepatitis vaccine or other vaccination, at no charge to myself.

However, I decline the vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of contracting the hepatitis virus or other infections through my occupational exposure to blood or other potentially infectious materials and that these are serious diseases. If, in the future, I continue to have this potential exposure to blood or other potentially infectious materials and I want to be vaccinated, I may receive the vaccination or series of vaccinations at no charge to me.

Date	
Employee Name	
Employee Signature	
Vaccination(s) or treatment(s) you are declining	
Witness Name	
Witness Signature	
Date	

Send the completed form to:

ND Wellness Center Contact

Contact Name - Melanie Smith, RN

Email - Melanie.Smith@premisehealth.com

Phone - (574) 634-9355

Secure Fax - 574-631-3377

Mailing Address - 100 Wellness Center, Notre Dame, IN 46556