

POLICY A-20  
ATTACHMENT #2

RELEASE FORM

HEPATITIS B VIRUS IMMUNIZATIONS

This is to certify that I have been offered Hepatitis B virus vaccinations free of charge by my employer, Montana State University. 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. 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, and will follow safe work habits when dealing with potentially infectious material. 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Return this form:

Montana State University  
Safety & Risk Management  
1160 Research Drive  
Bozeman, MT 59718