



Hepatitis B Vaccine Declination Form

I understand that due to my volunteer exposure to blood or other potentially infectious materials during volunteering at a Catholic Charities Medical and/or Dental Clinic that I may be at risk of acquiring Hepatitis B infection, a serious disease.

I either (check one):

Know I have a current Hepatitis B vaccine

OR

Do not know my vaccination status or knowingly have not received it but would like to volunteer to serve inside the clinic regardless. I understand that I will be at greater risk of acquiring Hepatitis B, a serious disease, than a volunteer who has received the vaccine.

Volunteer Name (Print)

Volunteer Signature

Date