

NEW YORK STATE DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION

Division of Health Services

FORM 3128 (1/12)

**AUTHORIZATION/DECLINATION TO RECEIVE IMMUNIZATIONS**

(Please Print)

Name \_\_\_\_\_ AEI/DIN \_\_\_\_\_ Facility \_\_\_\_\_

**HEPATITIS B VACCINE**

*Check* **I have received and read the current Vaccine Information Sheet for Hepatitis B Vaccine.**

I understand that due to my risk for occupational or other 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.

**I have had the information sheet explained to me and have made the decision noted below:**

*Check* **Authorization to receive Hepatitis B Vaccine**

*Check* **Declination to receive Hepatitis B Vaccine**

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 or other 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 any time.

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**ANY OTHER VACCINE**

*Check* **I have received and read the current Vaccine Information Sheet(s) for: \_\_\_\_\_.**

I have had the chance to ask questions and have received answers to my satisfaction. I believe I understand the risks and benefits of the above mentioned vaccine(s) to be administered to me.

*Check* **Authorization to receive vaccine**

*Check* **Declination to receive vaccine**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Original: Personnel File (employee) or Medical Record (offender)  
Copy: Employee or Offender