



LOS ANGELES UNIFIED SCHOOL DISTRICT  
**Medical Services Division**

Employee Health Services

**Hepatitis B Vaccination Declination**

Instructions: Please submit a scanned copy of the Original form by email and retain a copy for your files.

LAUSD/Employee Health Services  
333 South Beaudry Avenue 14th Floor,  
Room14-110  
Los Angeles CA 90017

School Mail  
Employee Health Services  
Beaudry Building 14th Floor Room14-110  
[employeehealth@lausd.net](mailto:employeehealth@lausd.net)  
Office: (213) 241-6326

Please check  all that apply:

- I understand that due to my occupational exposure to blood or potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. 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, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.
- I have been previously immunized for Hepatitis B (HBV) and do not require additional vaccination.  
*You may fax proof of vaccination dates to **(213) 241-8918***
- I have been tested for Hepatitis B (HBV) and have been shown to be immune.
- I decline Hepatitis B (HBV) vaccine due to medical reasons or personal belief.
- I plan to see my health care provider. Vaccine documentation form provided.

Print Name:	Social Security #:
Job Title:	Employee #:
Work Location:	Work Phone #:
Signature:	Date: