

## Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the 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 I want the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(print name): \_\_\_\_\_

(employee's job classification): \_\_\_\_\_

(employee's signature) \_\_\_\_\_

(date) \_\_\_\_\_

---

*Developed in accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910.1030*

