

Hepatitis B Vaccine Declination Statement

Under the requirements of offering the vaccination, the following statement must be presented and signed when the employee declines the vaccination.

A copy of this form must be maintained in the employee's medical record and a copy provided to them for their personal record keeping.

The following statement is taken from Appendix A to Section 1910.1030 Hepatitis B Vaccine Declination. (Employee signature is mandatory.)

I understand that due to my occupational exposure to blood or other 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. 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 I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

Name (please print)

Date

Signature