

Hepatitis Vaccination Declination - Mandatory

I understand that due to my occupational 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. However, I decline hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk at acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive a vaccination series at no charge to me.

Employee's Signature	Social Security Number	Date
Witness		Date

CC: Employee OSHA File



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Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.