

HEPATITIS B DECLINATION FORM

This form complies with Appendix A of 29 CFR 1910.1030

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 declined 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 series at no charge to me.

Employee Name: _____

Employee SSN: _____

Signature: _____

Date: _____

NOTE: The wording of this declination cannot be changed

Medical records must be kept confidential and maintained for the duration of employment plus 30 years.