

## Hepatitis B Vaccination Declination Form

This declination form should be completed and placed in employee's medical file.

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f) (2) (D).

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

\_\_\_\_\_  
Employee name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Identification Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Employer or OSHA Coordinator

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date