

Hepatitis B Vaccine Declination Form (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 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.

Signed: (Employee name) _____

Date: _____

Facility Name: _____

Facility Address: _____

Link to OSHA Fact Sheet regarding Hepatitis B Vaccine Declination Form

<https://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html>