

Hepatitis B Vaccine Declination

I understand that, due to my occupational exposure to blood or Other Potentially Infectious Materials (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/cost 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 OPIM and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____	_____	_____
Date	Employee's printed name	Employee's signature
_____	_____	_____
Date	Employer representative's printed name	Employer representative's signature