

VACCINATION DECLINATION FORM

Date: _____

Employee Name: _____

Employee ID#: _____

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring the Hepatitis B viral (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself.

However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series, at no charge to me, at that time.

Employee Signature

Date

Safety Officer Signature

Date