



Hepatitis B Vaccine Declination Form

Appendix A to Section 1910.1030 --- Hepatitis B Vaccine Declination (Mandatory) (HIPAA Protected)

I understand that due to my occupational exposure to blood or Other Potentially Infectious Materials (OPIM) I may be at risk of acquiring the 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 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 Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Applicant:

Date: _____

Printed Name: _____

Signature: _____

Employer:

Date: _____

Printed Name: _____

Signature: _____