

Hepatitis B Vaccine Declination and Documentation

Hepatitis B Vaccine Declination (OSHA Section 1910.1030, Appendix A, 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.

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- I have had fewer than the recommended 3 doses of hepatitis B vaccine previously. **I will go to the Occupational Medicine Service to either begin or complete the hepatitis B vaccine series**, as long as I do not have natural hepatitis B virus infection.
- I had a previous series of 3 doses of hepatitis B vaccine in (specify year[s]) _____

Signature

Name (Please Print)

Department

Date