



HEPATITIS B DECLINATION

DECLINATION STATEMENT

I am signing the following statement of declination of the Hepatitis B vaccination because I choose not to accept the vaccine. I have received appropriate training regarding Hepatitis B, Hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of the vaccination.

Additionally, I have read the U.S. Department of Labor's Occupational Safety and Health Administration's (OSHA) information booklet on Occupational Exposure to Blood Borne Pathogens, publication OSHA 3127. I fully understand the OSHA guidelines in the publication regarding the prevention measures for Hepatitis B. I understand that this guideline is not a waiver and that I can request and receive the Hepatitis B vaccination at a later date.

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 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 any time.

Applicant Name: _____

Applicant Signature: _____

Date: ___/___/___