

Hepatitis B Vaccine Declination

Hepatitis B Vaccine Declination Form

The following statement of declination of the hepatitis B vaccine must be signed by an employee who:

- ☐ Chooses not to accept the vaccine or
- ☐ Already received the vaccination
- ☐ Has had appropriate training regarding hepatitis B, hepatitis B vaccination, and the efficacy, safety, method of administration, and benefits of vaccination, given free of charge to the employee.

Statement of Understanding

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 the 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Employee's signature

Date

Notes

- This statement is not a waiver; employees can request and receive hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

An employer cannot require:

- Employees to waive liability in order to receive the vaccine.
- Prescreening as a prerequisite for receiving the vaccine.