



**Hepatitis B Vaccination Declination Form**

(Required by OSHA 29 CFR 1910.1030)

Employee Name: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials, 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 request the Hepatitis vaccination series at no cost to me.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

The original of this memo is to be placed in the employee's Medical File and a copy is to be provided to the Employee.