

Hepatitis B Vaccine Declination

I understand that, due to my occupational exposure to blood or Other Potentially Infectious Materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection. 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 decide to obtain the vaccine series, I will contact my personal medical practitioner or the Public Health Department for assistance.

Date

Employee's printed name

Employee's signature

Date

Employer representative's printed name

Employer representative's signature