HEPATITIS B VACCINE DECLINATION FORM

Patient Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

DECLINATION STATEMENT:

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 me. 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. I also understand that if I continue to decline vaccination, I am encouraged to receive the vaccine at a later date should I decide to be vaccinated.

EMPLOYEE RESPONSIBILITY:

I understand that 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.

SIGNATURES:

Employee Signature: _____

Witness Signature: _____

Printed Name of Witness: _____

Title/Position of Witness: _____

EMPLOYER STATEMENT:

The employer has offered the Hepatitis B vaccination to the employee who has occupational exposure to blood or other potentially infectious materials. This form documents the employee's informed refusal of the Hepatitis B vaccination.

EMPLOYER REPRESENTATIVE:

Name: _____

Title: _____

Signature: _____

Date: _____

LEGAL NOTICE:

This declination form is provided in accordance with United States Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030). By signing this form, the employee acknowledges

understanding of the risks associated with declining the Hepatitis B vaccination and the consequences thereof. This form is legally binding and enforceable under the laws of the United States.

Employee Signature	**Employer Representative Signature**
Signature: _____	Signature: _____