

**BLOODBORNE PATHOGENS**

**EMPLOYEE HEPATITIS B VACCINATION DECLINATION FORM**

Complete this form and return to your supervisor only if you are in the Exposure Determination Group, and do not want or need the Hepatitis B vaccine, or have completed the three series. If you declined the previous year and this form is on file, you are not required to fill out another form if you are declining again this year. This form must be kept on file at the site for three years.

Date:	Region #:	District #:
First Name:	Last Name:	Social Security #:
Job Title:	Site Administrator's Name:	
School Code (E.g. 123K)	Work Site Name:	
Work Site Address (Street, City, State, Zip)		Work Site Phone #:

I understand that due to 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. 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 I continue to have occupational exposure to blood or other potentially infectious materials and wish to be vaccinated with hepatitis B vaccine in the future, I can receive the vaccination series at no charge.

**Check  all that apply**

- 1. *I have been previously immunized for Hepatitis B Virus and do not require additional vaccination.*
- 2. *I have been tested for Hepatitis B Virus and shown to be immune.*
- 3. *I decline the Hepatitis B vaccine due to medical reasons or personal beliefs.*
- 4. *I plan to see my health care provider.*
- 5. *Please check my vaccination status.*

**I decline the Hepatitis B vaccination at this time.**

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 Employee's Signature Date

**Regulations (Standards – 29 CFR)**

**Hepatitis B Vaccine Declination (Mandatory) – 1910.1030 App. A**

<b>Part Number:</b> 1910	<b>Subpart Title:</b> Toxic and Hazardous Substances
<b>Part Title:</b> Occupational Safety and Health Standards	<b>Standard Number:</b> 1910.1030 App A
<b>Subpart:</b> Z	<b>Title:</b> Hepatitis B Vaccine Declination (Mandatory)