

Name:		
<b>Appendix B</b> <b>Hepatitis B Vaccination Declination Form</b>		
Date Created: September 2006	Date Revised: September 2019	Reviewed By: Jeffrey Rook

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(print name): \_\_\_\_\_

(employee's job classification): \_\_\_\_\_

(employee's signature): \_\_\_\_\_

(date): \_\_\_\_\_

*Developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030*

For more information about obtaining the Hepatitis B Vaccination, refer to our Bloodborne Pathogen Program, available at [go.pdx.edu/ehs/bloodborne-pathogens](http://go.pdx.edu/ehs/bloodborne-pathogens)