

Hepatitis B Declination Statement

Declination Statement

I have received appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination. In addition, I have thoroughly read the U.S. Department of Labor's Occupational Safety and Health Administration's (OSHA) information booklet on Occupational Exposure to Bloodborne Pathogens, publication OSHA 3127. I fully understand the OSHA guidelines outlined in this publication regarding the preventative measures for hepatitis B. I understand that this statement is not a waiver and that I can request and receive the hepatitis B vaccination at a later date if I remain occupationally at risk for hepatitis B.

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 hepatitis B vaccine. 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 receive the vaccination series at any time.

By typing your name and date in the boxes below, you agree that it constitutes your Electronic Signature and is the equivalent, and has the same force and effect of your handwritten signature.

Section 1 - Authorization

Are you signing this waiver because you have been vaccinated but cannot show proof of receiving your Hepatitis B series?

Yes No

First Name:

Last Name:

Signature:

Date:

Mm/Dd/Yy