

## Hepatitis B 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.

### 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 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.

Are you signing this waiver because you have been vaccinated but cannot show proof of receiving your Hepatitis B series?  Yes  No

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_