

HEPATITIS B VACCINE DECLINATION FORM

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, at no charge to myself. However, I decline 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 to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Informed Refusal of Postexposure Evaluation

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by bloodborne pathogens (including HIV, Hepatitis B and Hepatitis C). I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens.

I had an exposure incident on _____, 20__.

The type of incident was a:

___ stick injury

___ body fluid contact on exposed skin or mucus membrane

Please briefly describe incident and how it occurred:

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My employer has offered to provide postexposure evaluation and any recommended followup so that I can determine whether I have been exposed to an infectious disease, and if so, whether I have contracted it.

However, despite this offer from my employer, I, of my own free will and volition, choose **not** to have a medical evaluation (*for personal reasons*).

Employee Signature

Witness

Date