

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 vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that my 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 (OPIM) and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

[Wording direct from 29 CFR's Appendix to Section 1910.1030-Hepatitis B Declination (Mandatory)]

Name (Printed) \_\_\_\_\_

Department \_\_\_\_\_

Job Classification \_\_\_\_\_

Signature \_\_\_\_\_

[Requires signature of Legal Guardian if under age 18 – print words "Legal Guardian" next to signature if applicable]