



ENVIRONMENTAL HEALTH AND SAFETY | OCCUPATIONAL HEALTH

Hepatitis B Vaccine Letter of Declination

I understand that due to my occupational exposure to human blood, bodily fluids or other potentially infectious materials, I may be at risk of exposure to the Hepatitis B virus (HBV) and, consequently, to Hepatitis B infection.

I have been offered the HBV vaccine, at no charge to me, but I decline to receive the vaccine at this time.

I understand that by declining this vaccine, I continue to be at risk of exposure to and infection with HBV.

While I continue to have occupational exposure to human blood, bodily fluids or other potentially infectious materials, I have the option to request and receive the HBV vaccination series at any time.

Employee Name (printed)

Employee ID

Employee Signature (electronic accepted)

Date