

Appendix B

EMPLOYEE DECLINATION FORM

I, _____ (Please Print), 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 _____

Witness Signature _____

Date _____

I, _____ (Please Print), am declining the hepatitis B vaccine because I have been inoculated for hepatitis B at a previous employer or educational facility.

Employee Signature _____

Date _____