

# Sample Declination Form 09.04.2012

**California Code of Regulations, Title 8; §5193. Bloodborne Pathogens, Appendix A - Hepatitis B Vaccine Declination**

The employer shall assure that employees who decline to accept a hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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## Hepatitis B Vaccination Declination Form

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|       |                                        |                                     |
|-------|----------------------------------------|-------------------------------------|
| _____ | _____                                  | _____                               |
| Date  | Employee's printed name                | Employee's signature                |
| _____ | _____                                  | _____                               |
| Date  | Employer representative's printed name | Employer representative's signature |