

**Facility Name (PRINT)** \_\_\_\_\_

**Practitioner Name (PRINT)** \_\_\_\_\_

**Hepatitis B virus (HBV) Declination Statement**

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 me; 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.

**OSHA's Bloodborne Pathogens Standard (29CFR 1910.1030 App A)**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_