



## HEPATITIS B VACCINE DECLINATION FORM

Contractor    Volunteer    Provider    Other \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

Please use black ink

DEPARTMENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

I have been provided the Centers for Disease Control and prevention (CDC) Vaccine Information Statement, Hepatitis B Vaccine - What You Need to Know (rev. 10/12/18)

Please answer the following:

- |   |     |    |
|---|-----|----|
| I have reviewed and understand this information.                | YES | NO |
| I require assistance in reading/understanding this information. | YES | NO |
| I would like more information.                                  | YES | NO |

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Authority cited:

California Code of Regulations , Title 8  
Section §5193. Bloodborne Pathogens  
Subchapter 7. General Industry Safety Orders  
Group 16. Control of Hazardous Substances  
Article 109. Hazardous Substances and Processes