

## Hepatitis B Vaccine Declination (Mandatory)

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 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 material and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed \_\_\_\_\_  
(Employee Name)

Date: \_\_\_\_\_

The vaccine must be made available to all employees with occupational exposure, regardless of how often the exposure may occur. Part-time and temporary employees are included in this coverage.

The employer does not have to offer the vaccine series if one of the following exemptions are documented in employee's medical record.

- a. Signature on mandatory declination form.
- b. The complete hepatitis B vaccination series was previously received (the vaccine shots or in the case of a non-responder, six).
- c. Antibody testing shows the employee to be immune.
- d. The vaccine cannot be given for medical reasons.

## Occupational Exposure Report Form

Name of employee \_\_\_\_\_ Date \_\_\_\_\_

Explain the procedure employee was conducting.

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Has the employee treated the affected area?      Yes or No

Is the employee's Hep B up to date?              Yes or No

Has the source individual been identified?        Yes or No

If yes does employee wish to seek testing from source?    Yes or No

Has the employee been informed of their rights under OSHA's Bloodborne  
Pathogen Standard?                                      Yes or No

Does the employee wish to seek counsel from a health care professional?  
Yes or No

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Employer