



Hepatitis B – Immunization Review and Declination Form

Instructions: This form fulfills OSHA's Bloodborne Pathogen Standards requirement for Hepatitis B vaccination. Complete each section and submit the completed form along with any accompanying vaccination records to the Department of Environmental Health, Safety, and Risk Management.

PART I: VACCINATION REVIEW OR DECLINATION

☐ **YES, I DO want the Hepatitis B Vaccine**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection and may require vaccination for Hepatitis B. This vaccine will be provided at no cost to the employee.

☐ **NO, I DO NOT want the Hepatitis B Vaccine**

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.

☐ **Vaccination was received from outside source**

Provide proof of vaccination. E.g., location, date

Employee Printed Name

Employee ID #

Employee Signature

Date

Department

PART III: FORM SUBMISSION

Completed Hepatitis B – Immunization Review and Declination Forms will be filed in EHSRM records.

Submit your form to EHSRM by either:

Campus Mail Delivery:

(OR)

Fax:

PO Box 6113

468-7312