

APPENDIX A

HEPATITIS B VACCINE DECLINATION



Hepatitis B Vaccine Declination

The employer shall assure that employees who decline to accept 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, 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 materials and I want to be vaccinated with Hepatitis B. vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Witness Signature

Employee Name (Please Print)

Date