

APPENDIX "A"

RECORD OF HEPATITIS B VACCINE

DECLINATION

I, _____ understand that due to my occupational exposure to human blood and 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 me while I am employed in a designated position. However, at this time I am choosing to decline the Hepatitis B Vaccination. I understand that by declining this vaccination, I continue to risk the potential for acquiring Hepatitis B Virus, a serious disease. If in the future I continue to have occupational exposure to human blood and/or other potentially infectious materials (OPIM) and I want to be vaccinated with the Hepatitis B Vaccine, I may receive the vaccination series at no cost to me.

Employee Name: _____

Employee Signature: _____

Employer Representative: _____

Date of Declination: _____