

EXPOSURE CONTROL PLAN

Agency Name		
Agency Street Address		
City	State	Zip Code
Telephone #1	Telephone #2	Fax
Email:	Website:	

HEPATITIS B VACCINE DECLINATION Form

Mandatory to use this form for every employee who refuses 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 materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Employee Name
Employee Signature
Date
Comments