

<b>Policy Name:</b> Bloodborne Pathogen (Potentially Infectious Material) Program Manual		
<b>Effective Date:</b>	<b>Revision Date:</b> 11/1/2016	<b>Department/Area/Division:</b> AD-EHS
<b>Department/ Area Policy #:</b>	<b>Departmental Contact:</b>	

**Attachment E  
Hepatitis B Vaccination Decline to Accept Form**

**Decline to Accept 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.

\_\_\_\_\_  
Signature of the Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (for minor students under age 19)

\_\_\_\_\_  
Date