



MANDATORY STATEMENT OF DECLINATION FORM

Employees who decline the Hepatitis B Vaccination must sign the following mandatory statement in accordance with the Occupational Safety and Health Administration's Bloodborne Pathogens Standard (29 CFR 1910.1030, Appendix A):

I understand that due to my potential 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 the HBV vaccination at no charge to myself. However, I decline HBV vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, 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 eh HBV vaccine, I can receive the vaccination series at no charge to me.

NOTE: The statement of declination of HBV Vaccination is not intended to supersede or in any way affect any workers' compensation law, common law, statutory rights, or duties or liabilities of employers and employees arising out of or in the course of employment.

Print Name

Signature

Date