

Hepatitis B Vaccine Declination Form

MedSpaBinder

Clinic / employer

Employee name

Job title

The statement below is OSHA's required wording (29 CFR 1910.1030, Appendix A). Don't change it.

Hepatitis B vaccine declination (mandatory)

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

Date

Employer representative (name and signature)

Date

Before signing, the employee has (employer confirms):

- ☐ Completed bloodborne pathogens training, including the hepatitis B vaccine, its safety and benefits, and that it's free
- ☐ Been offered the vaccine at no cost, at a reasonable time and place

If the employee later accepts the vaccine

Dose	Date given	Vaccine and lot #	Given by (provider)	Notes
Dose 1				
Dose 2				
Dose 3 (if ne...				
Titer / other				

Date employee asked for the vaccine

Recorded by

Keep in the employee's confidential medical record for the length of employment plus 30 years.