

## HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B (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.

Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

CROSS REFERENCE: GBGA - Bloodborne Pathogen Exposure Policy  
GBGA-R - Bloodborne Pathogens Exposure Control Plan  
GBGA - R3 - Procedure For Handling Blood Exposure  
GBGA - E1 - Hepatitis B Vaccine Declination  
GBGA - E2 – BBP Parent Release - Contaminated Needles  
GBGA - E3 - Occupational Health Services Declination  
GBGA - E4 - Documentation Of Annual BBP Training  
GBGA - E5 - School Nurse Injury Report

Adoption Date: August 26, 2002