# Hepatitis B Vaccine Declination Form

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

Facility Name: _____

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

You have given me the opportunity to be vaccinated with the 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.

☐ I have already received the hepatitis B vaccination series.

_____
Employee's Name (*Print*)

_____
Employee's Signature

_____
Date

Resources

# Notes