**Occupational Exposure to Bloodborne Pathogens Resources**

**Chapter 296-823 WAC**

**Helpful Tools**

**Hepatitis B Vaccine Declination Form**

Facility Name: Click or tap here to enter text.

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 the 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 infections materials, and I want to be vaccinated with hepatitis vaccine, I can receive the vaccination series at no charge to myself.

🗖 I have already received the hepatitis B vaccination series.

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Employee’s Name (Print)

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Employee’s Signature and Date