



Hepatitis B Vaccination Declination Form

PINAL COUNTY HEPATITIS B VACCINATION DECLINATION

Pursuant to 29 CFR § 1910.1030(f)(2)(IV) [Blood Borne Pathogens]

I understand that due to my risk of 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 myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, 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 series at no charge to me if I am still working in a Pinal County job position where I may have occupational exposure to blood or other potentially infectious materials.

Employee/Volunteer Name-(print) _____

Department _____

Employee/Volunteer
Signature _____

Date _____

Original: Employee Medical File in Human Resources Department
Copy: Employee
Copy: Employee Department File