

SAMPLE HEPATITIS B VACCINE DECLINATION

I, _____, understand that due to my occupational exposure to blood
(Employee Name)

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 a 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 infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: _____ Date: _____
(Employee Name)

Source: Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards. OSHA 318606N (2003), available at www.osha.gov.



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If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or riskmanagement@psicinsurance.com.