

Hepatitis B Vaccination / Declination Form

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Hepatitis B is spread when blood, semen, or other body fluids infected with the Hepatitis B virus enters the body of a person who is not infected.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis. The vaccine requires an initial and 2 additional doses.

OSHA standards require that employers provide the Hepatitis B vaccination series to all employees that have a risk of exposure. The Hepatitis B vaccination series is provided at no cost to the employee.

The employee may elect to receive or decline the vaccination. Below is your acknowledgement of this form and your request to receive or decline the Hepatitis B vaccination. *Initial on the line at the selected response.*

_____ I want to receive the Hepatitis B vaccination series at no cost to me. I understand that I will be reimbursed the cost of each dose within 30 days of submitting a paid receipt for each dose. I understand that I will only be reimbursed for doses received while I am an employee of the EOR.

_____ I decline the Hepatitis B vaccination because I previously received it.

_____ I decline the Hepatitis B vaccination. I understand that I may have occupational exposure to blood or other potentially infectious body fluids. By declining the vaccine, I understand that I may be at risk of exposure to Hepatitis B, a serious disease. If in the future I continue to be at risk under this employment agreement, I can receive the vaccination at no cost to me.

Employee Name Printed

Employee signature

Date