**Bloodborne Pathogens*—*Hepatitis B Vaccine Declination**

**29 CFR 1910.1030**

I understand that due to my 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 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.

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Employee’s name (print)

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Employee’s signature

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Date

***Note:*** *The above declination can be placed on company letterhead but no other changes should be made to it.*