

**Personnel**

**Exposure Control Plan for Bloodborne Pathogens**

**MANDATORY**

Hepatitis B Vaccine Declination:

I understand that due to my occupational exposure to blood and/or other potentially infectious materials (OPIM), 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Date