

### Notice of Hepatitis B Vaccination and/or Declination Statement

The 'Declination Statement' for the hepatitis B vaccine is provided in accordance with the Washington State Department of Labor and Industries Regulation on Bloodborne Pathogens (WAC 296-823).

**Please complete:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Hire \_\_\_ - \_\_\_ - \_\_\_\_\_ Worksite/ Department: \_\_\_\_\_

- I am requesting the Hepatitis B vaccine. Complete Box 1 below.
- I am declining the Hepatitis B vaccine. Complete Box 2 below.

**1. Request to receive Hepatitis B vaccination.**

*On a voluntary basis, I am requesting the Hepatitis B vaccine. I understand the risk regarding my exposure to the disease, the warning of possible inadequacies of the vaccine and possible adverse reactions to the vaccine. I agree to read the literature made available by the makers concerning the disease and the vaccine and feel capable of signing an informed consent as an informed person.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Decline / Refuse Hepatitis B vaccination.**

*I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B virus (HBV) infection. You have given me the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to 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 vaccination series at no charge to me.*

*Choose either A or B and sign your name*

A. \_\_\_\_\_ *I have completed the Hepatitis B Vaccine Series. YEAR ( if known ) \_\_\_\_\_*

B. \_\_\_\_\_ *I am not interested in receiving the hepatitis B immunizations at this time*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_