



Hepatitis B Vaccination Declination Form

Contract Company's Legal Name: _____

Contingent Worker Full Legal Name: _____

Date of Birth: _____

If in your position, you have the potential for exposure to Bloodborne Pathogens and or Body Fluids, OSHA requires you to choose one of the following options:

1. ACCEPTANCE: _____ Request Series (Initials)

I have reviewed information regarding the Hepatitis B vaccination Program and I request the series from the Contract Company as referenced above. I acknowledge that I must have the series in full or declination on file to start with OU Health.

2. DECLINATION _____ Decline Series (Initials)
_____ Previously completed series (Initials)

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 the 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 for acquiring Hepatitis B, a serious disease. If in the future, I continue to have other 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.

Signature

Date