Western Carolina University
Hepatitis B Vaccination Declination Form

**INSTRUCTIONS:** Every employee covered by the OSHA Bloodborne Pathogens Standard must complete **EITHER** this form **OR** the Hepatitis B Vaccination Consent Form.

I have read and understand the HEPATITIS B INFORMATION SHEET, which describes the clinical course of the disease, and the vaccination and its most frequent risks and hazards. I have discussed any questions or concerns with Health Services.

**Check A OR B below**

☐ **A.** I have been previously vaccinated with the complete series of the Hepatitis B vaccine.

☐ **B.** 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 infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. 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 disease, which is 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (PRINT)  Employee ID Number

Employee Signature  Date

Department  Department Phone Number

Please return this form to the Safety and Risk Management Office, located at Facilities Management. For questions/assistance contact the office at 227-7443