

## Hepatitis B Vaccination Declination Form

**INSTRUCTIONS:** Every employee covered by the OSHA Bloodborne Pathogens Standard must complete **EITHER** this declination form **OR** the Hepatitis B Vaccination consent form and return it to the Safety and Risk Management Office.

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

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Employee Name (Print)	
Employee ID Number (92#)	
Employee Signature	
Department	
Date	

Please return this form to the Safety and Risk Management Office via intercampus mail (Facilities Management - Safety Office) or by email [safety@wcu.edu](mailto:safety@wcu.edu).

For questions or assistance with this form contact Safety and Risk Management at 828-227-7443.

For medical questions contact WCU Health Services at 828-227-7640.