



**Arizona State University
Environmental Health & Safety
Hepatitis B Declination Form (Mandatory)
Pursuant to 29 CFR § 1910.1030(f)(2)(iv) [Bloodborne Pathogens]**

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 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.

Employee Name (print)

Employee's Department

Employee Signature

_____ Date _____

Original: Student Health Center Medical Records

Copy: Environmental Health & Safety
Employee