



**Hepatitis B Vaccination Declination Form**

Please complete the appropriate section below, maintain a copy for your records, and send a copy to the Claremont University Consortium (CUC) Human Resources Office. This will initiate request for vaccination or document declination of the Hepatitis B vaccine. Records should be retained for the duration of employment.

In accordance with the Cal/OSHA Bloodborne Pathogen Standard, CUC will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure to blood and other potentially infectious materials. CUC will provide the vaccination series at no charge to the employee. All employees who qualify for vaccination have the option to accept or decline.

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_ Check here if you have been immunized.

\_\_\_\_\_ Date immunization received.

**HEPATITIS B VACCINE DECLINATION**

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 vaccine, I may 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 by contacting the Student Health Services Physician.

\_\_\_\_\_ Employee's Signature

\_\_\_\_\_ Date