



Hepatitis B Vaccine Offer and Declination Form

ENVIRONMENT, SAFETY & HEALTH DIVISION

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URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/pathogenFormHBV.pdf>

SLAC and Occupational Health employees *at risk* of exposure to blood-borne pathogens are required to be offered Hepatitis B vaccination at no cost. This form is used to document the decision of an at-risk worker to accept or decline SLAC's offer of a vaccination. The completed form is maintained by Occupational Health (see [Blood-borne Pathogens: General Requirements](#) [SLAC-I-730-0A13S-004]).

My job has the potential to expose me to *blood-borne pathogens*. Because of this I am defined as at risk for infection with a blood-borne pathogen. I further understand that SLAC must offer me free hepatitis B vaccinations. I have checked the box below that best represents my response to this offer:

- I accept this offer and will receive the hepatitis B vaccine series in the near future.
- I am currently in the process of receiving the vaccine series.
- By my signature below, I certify that I have already completed the three or four injection series of hepatitis B vaccine.
- I have had hepatitis B infection and do not require the vaccine.
- I **DECLINE** to receive hepatitis B vaccine at this time, and I have signed and dated this statement at the bottom of the page. I understand that due to my occupational exposure to blood or *other potentially infectious materials (OPIM)* I may be at risk of acquiring the hepatitis B virus (HBV) infection. I understand that by declining this vaccine, 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name (*print*):

Signature:

Date: