

E 4119.42/4219.42/4319.42 – ALL PERSONNEL - HEPATITIS B VACCINE DECLINATION

Note: The code of Regulations, requires the district to ensure that the following statement is signed by any employee who declines to accept the hepatitis B vaccination offered by the district.

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 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.

Signature

Employee Name (Please print)

Date

added 9/93 Revised 12/2025
9/92