

## Hepatitis B Vaccination Declination Form

Please complete the appropriate section below, maintain a copy for your records and send a copy to the Biosafety Officer at EH&S. This will initiate request for vaccination or document declination of the Hepatitis B vaccine.

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

NAME: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
MAILSTOP: \_\_\_\_\_  
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 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 by contacting the Santa Cruz Occupational Medical Center and submitting a REQUEST FOR HEPATITIS B VACCINE form and providing same to the UCSC Biosafety Officer.

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

\_\_\_\_\_  
Date