



**\*\* Mandatory Vaccination Declination Statement Specific to Hepatitis B**

The employer shall ensure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by California Code of Regulations, Title 8, subchapter 7; Group 15. Article 109; section 5193, subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or other potentially infectious material (OPIM) 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me. \_\_\_\_\_ (initials)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Employee ID number