

## HEP B INFORMATIONAL AND OSHA REQUIRED DECLINATION STATEMENT

All employees of the Town of Atlantic Beach have varying levels of risk for exposure to Hepatitis B. My signature below verifies that I understand that the Town strongly encourages me, because of the potential exposure to blood or other potentially infectious materials on the job, to submit to the Hepatitis B vaccination and/or titer test.

Would you like a Hepatitis B vaccine to be scheduled for you by the Town at no cost?  
 YES       NO (see below)

\_\_\_\_\_  
Employee Signature/Date

I understand that due to my potential 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 me; however, I decline the 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 the Hepatitis B vaccine, I can, at that time, receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Signature/Date

If you are signing the declination statement due to a previous vaccination against Hepatitis B, please state the approximate date the vaccination was received.

\_\_\_\_\_  
(Approximate Date of Hep B vaccination)

Would you like the Town to make an appointment for a titer (to see if your vaccination is still active)?  
YES       NO

*To be completed by Human Resources staff:  
Hepatitis B Vaccination scheduled for \_\_\_\_\_ (date).*

\_\_\_\_\_  
*Signature/Date*