



## Bloodborne Pathogens Exposure Control Program

## Appendix A. Medical Declination Form

I understand that due to my potential exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection and other bloodborne pathogen illnesses.

( ) I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself, and 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

( ) I have been given the opportunity to be medically evaluated due to a potential exposure incident, at no charge to myself, and I **decline** the post-exposure medical evaluation at this time.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_