PURDUE UNIVERSITY Bloodborne Pathogens Exposure Control Plan

HEPATITIS B VACCINATION 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 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.

Please Type or Print Clearly

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Employee Name:				
	Last		First	Middle Initial
Employee Identification Nun	nber:			
Job Classification:		Department:		
Employee Signature:			_Date:	
Supervisor Name:				
Supervisor Signature:			Date:	

DISTRIBUTION:

- 1. Employee Personnel Record
- 2. Environmental Health Officer, REM, CIVL