

**Emory University  
Hepatitis B Vaccination Program  
Declination Statement**

**Employee Name** \_\_\_\_\_ **Department** \_\_\_\_\_

**Title** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

The following Declination Statement for the hepatitis B vaccine is in response to the Occupational Safety and Health Administration (OSHA) standard on occupational exposure to bloodborne pathogens; (29 CFR Part 1910.1030) which reads in part: "The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A." (f) (2) (iv)

**Appendix A**

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 while employed at Emory University, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Witness to  
signature \_\_\_\_\_ Date \_\_\_\_\_

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

NOTES: