

**APPENDIX 2.6, ATTACHMENT 9.1**

**BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

**HEPATITIS B VACCINATION DECLINATION FORM**

**(Required by OSHA 29 CFR 1910.1030)**

Associate Name: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the 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 request the Hepatitis vaccination series at no cost to me.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

The original of this memo is to be placed in the associate's Medical File, a copy in the Personal File and a copy provided to the Associate.