

# Addendum L: OSHA Hepatitis B Declination Statement

When the waiver is signed, no words may be added or deleted to the exemption. IT MUST BE EXACTLY AS WORDED BELOW. Copy the form, print, sign and turn in to your employee. Found at:

<http://www.osha.gov/SLTC/etools/hospital/hazards/bbp/declination.html>

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses **not to accept** the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis b, hepatitis b vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis b vaccination at a later date if they remain occupationally at risk for hepatitis b.

## **Declination Statement: 1910.1030 App 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 me; 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 and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: \_\_\_\_\_

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

Employer Signature: \_\_\_\_\_

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