

JAMES MADISON UNIVERSITY

MANDATORY HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious material 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 and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature: _____

Soc. Sec. No: _____

Title: _____

Department: _____

Date: _____

This form pertains to the requirements of the 1910.1030 standard on Occupational Exposure to Bloodborne Pathogens.

If you as an employee of James Madison University elect not to receive the hepatitis B vaccine, please sign this form and return under confidential cover to Shelli Short, Human Resources and Training and Development, University Services Building, Room 204.