

Declination Statement

Bloodborne Pathogen Program HBV Vaccination

Angelo State University

I understand that, due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring the Hepatitis B virus (HBV). I have been given the opportunity to have the Hepatitis B vaccine at no charge to myself. However, at this time, I am refusing the series of Hepatitis B vaccines. I understand that by refusing the vaccine, I am at risk of contracting the disease. If I continue to have occupational exposure to blood or other infectious materials and want to be vaccinated with the Hepatitis B vaccine, I can have this done at no cost to me.

Employee Name (Print)

CID

Employee Signature

Date