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HEPATITIS B - IMMUNIZATION REVIEW AND DECLINATION FORM

Instructions: Check (✓) all applicable items and provide requested information and sign/date the top section of the form

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection and may require vaccination for Hepatitis B:

- Vaccination is not applicable
- Vaccination is recommended
- Vaccination received through Emory’s Employee Health Services
- Vaccination was received from outside source - *provide proof of vaccination, e.g., location, date*

Employee Printed Name

Employee ID #

Employee signature

Date

Vaccine Declination

➤ This declination form fulfills OSHA’s Bloodborne Pathogen Standards requirement for Hepatitis B *vaccination* ◀

- Vaccination is Declined – *Sign below*

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

Employee Printed Name

Employee ID #

Employee signature

Date

Return completed form to Employee Health Services

ALL DECLINATION FORMS WILL BE FILED IN MEDICAL RECORDS

((Located at Emory University Hospital- Room HB53 or at Emory Crawford Long Hospital - WW Orr 6th floor))