

Appendix "A"

RECORD OF HEPATITIS "B" VACCINE DECLINATION

I understand that due to my occupational exposure to blood or Other Potentially Infectious Materials (OPIM) 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 OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name	
Employee Signature	
Social Security Number	
Date	

EMPLOYEE:

PLEASE RETURN THIS COMPLETED FORM TO COAST UNIFIED HUMAN RECOURSES DEPT.

HUMAN RESOURCES:

FILE IN EMPLOYEE'S PERSONNEL FILE