

MONTANA MENTAL HEALTH NURSING CARE CENTER
EXPOSURE CONTROL PLAN
HEPATITIS B VACCINATION SERIES
DECLINATION FORM

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 wish to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to myself.

Employee Name (Please print)

Employee Signature

Date

Witness Name (Please print)

Witness Signature

Date

Comments:
