HEPATITIS B VACCINATION PROGRAM

OCCUPATIONAL HEALTH PROGRAMS
CHIEF EXECUTIVE OFFICE
COUNTY OF LOS ANGELES

---

**Declination of Vaccination**

**Hepatitis B Immunizations:** I understand that I may be at risk of acquiring hepatitis B virus (HBV) infection due to occupational exposure to blood or other potentially infectious materials. 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.

<table>
<thead>
<tr>
<th>Employee Signature</th>
<th>Print Name</th>
<th>Date</th>
</tr>
</thead>
</table>

Dept: ______________ Division: _________ Job Classification: ________________

---

Distribution: Original to Employing Department
Copy to OHP/CEO

Revised: 7/31/07