

# 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Dept: \_\_\_\_\_ Division: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Distribution: Original to Employing Department  
Copy to OHP/CEO