

**Hepatitis B Vaccine Declination (Mandatory)**

**29 CFR 1910.1030 Appendix A**

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.

[56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

----- **OR** -----

\_\_\_\_\_ Yes, I would like the hepatitis B vaccine.

The Student Health Center will be provided your name and University ID number. Please visit their offices during normal business hours. If you have not previously received the vaccine, it will be administered and follow-up instructions will be provided. This is a three dose vaccine. You will be responsible to return to the Student Health Center for the entire vaccine series and to manage the schedule for it. There will be no charge for the vaccine.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
W&M ID Number (930/931)