

OKLAHOMA STATE UNIVERSITY
Environmental Health & Safety
Declination Form for Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other infectious materials that I may be at risk of acquiring the Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the 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 the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(print name): _____

(CWID #): _____

(title): _____

(date): _____

(signature): _____

Send a copy of the completed form to the EHS Department, 120 Physical Plant Services Bldg., or FAX to 744-7148.