

DECLINATION STATEMENT

UNL Bloodborne Pathogen/Exposure Control Plan
Form EHS-BBP-02
(Revised 10/08)

(For assistance, please contact EHS at (402) 472-4925, or visit our web site at <http://ehs.unl.edu/>)

I understand that due to occupational exposure to blood or other potentially infectious material (PIM), 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 me. However, I elect to 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 PIM, and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me, and following notification to my supervisor.

Employee Name (Please Print)

NU ID

Employee Signature

Date