HEPATITIS B VIRUS VACCINATION
DECLINATION STATEMENT

UNL Bloodborne Pathogen/Exposure Control Plan
Form EHS-BBP-02

(Revised 5/2020)

I understand that due to occupational exposure to blood or other potentially infectious material (OPIM), 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 if I am not vaccinated, 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 OPIM, 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.

☐ Check here if you are declining vaccination because you have previously been vaccinated.

Employee Name (Please Print)  

NU ID

Employee Signature  

Date

(Created 11/00; Revised 5/03, 10/08, 3/10, 5/10)

EHS-BBP-02

UNL Environmental Health and Safety · 402.472.4925 · http://ehs.unl.edu