

**HEPATITIS B VIRUS VACCINATION  
DECLINATION STATEMENT**

UNL Bloodborne Pathogen/Exposure Control Plan

Form EHS-BBP-02

**(Revised 5/2020)**

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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