

OSHA/HEPATITIS B VACCINATION  
STATUS FORM

The date(s) of my HBV vaccination series injection(s) are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I have attached to this form medical documentation of each vaccination in the series; or

I have previously submitted to the company this documentation. Antibody testing has revealed that I am immune to HBV and I have attached my medical documentation to this form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

HEPATITIS B VACCINATION DECLINATION

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 the hepatitis B vaccine, at no charge to me. 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, during the course of my employment with the company, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

