

Appendix E

Academic Affairs Division Dental Hygiene Medical Imaging

DECLINATION STATEMENT

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 Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis 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 to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

- I have already received the Hepatitis B vaccine, therefore DECLINE.

- I DECLINE the Hepatitis B vaccine.

Employee's Printed Name Employee's Signature Date

Witness's Printed Name Witness's Signature Date

Please forward completed forms to the Chair/Director/Head of the department or specified designee for which this BBP program is written.