

**EUFAULA PUBLIC SCHOOLS
BLOODBORNE PATHOGENS
VACCINATION DECLINATION FORM**

DATE:

I understand that due to my occupational exposure to blood or other potential 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 that 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 potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Employee's Name:

Position:

Agency:

Representative Signature _____