



HEPATITIS B – IMMUNIZATION REVIEW AND DECLINATION FORM

Instructions: This form fulfills OSHA's Bloodborne Pathogen Standards requirement for Hepatitis B vaccination. Complete each section and submit the completed form along with any accompanying vaccination records to Employee Health Services.

PART I: VACCINATION APPLICABILITY

- ☐ Vaccination is applicable
- ☐ Vaccination is not applicable

PART II: VACCINATION REVIEW OR DECLINATION

☐ **Vaccine Review**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring infection and may require vaccination for Hepatitis B:

- ☐ Vaccination received through Grinnell College's Health Services
- ☐ Vaccination was received from outside source – *provide proof of vaccination, e.g., location, date*

Printed Name

ID#

Signature

Date of Immunization

☐ **Vaccine is Declined**

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 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 series at no charge to me.

Printed Name

ID#

Signature

Date of Immunization