



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
ENVIRONMENTAL HEALTH SERVICES DIVISION**

2156 Sierra Way STE. B, San Luis Obispo, CA 93401  
PO Box 1489, San Luis Obispo, CA 93406  
Phone: (805) 781-5544 Fax: (805)781-4211  
Email: ehs@co.slo.ca.us

**HEPATITIS B VACCINE DECLINATION FORM**

**THE FOLLOWING STATEMENT OF DECLINATION OF THE HEPATITIS B VACCINE MUST BE SIGNED BY AN EMPLOYEE WHO:**

- CHOOSES **NOT** TO ACCEPT THE VACCINE.
- HAS HAD APPROPRIATE TRAINING REGARDING HEPATITIS B, HEPATITIS B VACCINATION, THE EFFICACY, SAFETY, METHOD OF ADMINISTRATION AND BENEFITS OF VACCINATION, GIVEN FREE OF CHARGE TO THE EMPLOYEE.

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.

NAME OF EMPLOYEE (PLEASE PRINT) \_\_\_\_\_

NAME OF BUSINESS WHERE EMPLOYED (PLEASE PRINT) \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS STATEMENT IS NOT A WAIVER; EMPLOYEES CAN REQUEST AND RECEIVE THE HEPATITIS B VACCINATION AT A LATER DATE IF THEY REMAIN OCCUPATIONALLY AT RISK FOR HEPATITIS B.**

**AN EMPLOYER CAN NOT REQUIRE:**

- EMPLOYEES TO WAIVE LIABILITY IN ORDER TO RECEIVE THE VACCINE.
- PARTICIPATION IN PRE-SCREENING AS A PREREQUISITE FOR RECEIVING THE VACCINE.