

**MSAD #37  
Blood-borne Pathogens: Employee Hepatitis B  
Vaccine Offer and Declination Form**

General:

My job has the potential to expose me to blood-borne pathogens. My school’s blood-borne pathogen written plan designates my job function as one that may be potentially exposed to blood-borne pathogens and because of this I am defined as at risk for infection. I further understand that my employer will pay any out-of-pocket costs associated with receiving the hepatitis B vaccines, and that it is my responsibility to contact my regular physician to schedule administration of the vaccines. I have checked the box below that best represents my response to this offer:

Choice: (Please check one)

\_\_\_\_\_ I accept this offer and will schedule the hepatitis B vaccine series in the near future.

\_\_\_\_\_ I am currently in the process of receiving the vaccine series.

\_\_\_\_\_ I have already received the vaccine series.

\_\_\_\_\_ I have had hepatitis B infection and do not require the vaccine.

\_\_\_\_\_ I **DECLINE** to receive the hepatitis B vaccine at this time and I have signed and dated this statement at the bottom of the page. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the hepatitis B virus (HBV) infection. 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.

Employee’s name (print): \_\_\_\_\_

Employee’s signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: October 27, 1993  
Revised: December 20, 2000  
Revised: May 19, 2010  
Revised: December 14, 2016  
Reviewed: May 31, 2023