



Mandatory Hepatitis B Vaccination Waiver Form

My signature below certifies that I have been provided with general educational materials regarding exposure to blood borne pathogens as required by OSHA regulations. Further, I understand that I will be provided appropriate training at my assigned workplace and will adhere to the policies and procedures of the facility to which I am assigned by Dunson & Associates, Inc. (D&A)

Further, I understand OSHA requires that all healthcare workers at risk of acquiring Hepatitis B have the opportunity to receive the Hepatitis B vaccination by their employer.

Choose the appropriate from the options below; sign and date where indicated:

___ I completed the vaccine series on ___/___/____ (include copy of vaccination record)

Signature: _____ date: _____

___ need #___ or booster, in the series (make arrangements with D&A).

Signature: _____ date: _____

___ I DECLINE the Hepatitis B vaccine series. 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 infectious materials and I want to be vaccinated with hepatitis B vaccine I can receive the vaccination series at no charge to myself, while on active employment status with D&A. I accept the responsibility to inform D&A of this decision at that time.

Signature: _____ date: _____