



**EMPLOYEE HEPATITIS B VACCINATION REQUEST AND DECLINATION**  
**Indiana Department of Health**  
 State Form 51282 (R / 7-23)

The Occupational Safety and Health Administrations (OSHA) Bloodborne Pathogen Standard requires that employees who have reasonably anticipated contact with blood or other potentially infectious materials (OPIM) as a result of job duties are offered the hepatitis B vaccine. In complying with the Bloodborne Pathogen Standard, the following information is requested

Name (please print): \_\_\_\_\_  
 Program Area: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Have you been previously immunized with hepatitis B vaccine?**

If Yes, please answer questions in column 1 below.

If No, please answer questions in column 2 below.

Column 1 - Yes	Column 2 - No
<p>Will you provide IDOH with an official record of hepatitis B vaccination?</p> <p>___ Yes      ___ No</p> <p>If you answered No, you must choose from the following two options (circle the option of your choice).</p> <ul style="list-style-type: none"> <li>• Receive the vaccine series offered by IDOH</li> </ul> <p>Decline the hepatitis B vaccination offered by IDOH</p>	<p>Do you wish to receive the hepatitis B vaccination offered by IDOH?</p> <p>___ Yes      ___ No</p>

**If you wish to decline the offer of receiving the hepatitis B vaccination at this time, please read the following statement and provide your signature and the date.**

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 the hepatitis B vaccine at no charge to myself. However, I decline the hepatitis B vaccination at this time. I understand that by declining the hepatitis B 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 the hepatitis B vaccine, I can receive this vaccination series at no charge to me.

I choose not to be vaccinated with the hepatitis B vaccine at this time.

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