

**EMPLOYEE DECLARATION DECLINING
THE HEPATITIS B VACCINATION**

Employee's Name: _____
Please Print *Date of Birth*

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 a risk of acquiring Hepatitis B, a serious disease. If in the future, I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge by contacting the medical clinic for an appointment.

Clackamas County Jail Medical Clinic: (503) 655-8818
Hours: 24 Hour Operation

**EMPLOYEE'S NOTIFICATION OF PREVIOUS
VACCINATION OF HEPATITIS B**

Facility Where Vaccination was Received: _____

Employee Signature: _____ Date: _____

NOTE: The purpose of requiring our employees to sign a declination is to encourage greater participation in the vaccination program. This is also required by Oregon OSHA Bloodborne Pathogen Standard.