



# TOWN OF SUFFIELD

## HEPATITIS B VACCINATION ACCEPTANCE / DECLINATION FORM

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title \_\_\_\_\_

Social Security #: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potential infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I am being given the opportunity to be vaccinated with the Hepatitis B vaccination at no charge to me. By accepting to receive the Hepatitis B vaccination, I assume the responsibility to contact the Human Resources Department for an appointment to be scheduled with Johnson Occupation Medical Center to receive the three vaccinations that are needed. The Town of Suffield will not assume any responsibility should I fail to receive the vaccinations.

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. Appendix A of 29 CFR 1910.1030 [56 FR 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996]

Please **initial** as to whether you agree to have or decline the vaccination:

\_\_\_\_\_ I **agree** to receive the Hepatitis B vaccination.

\_\_\_\_\_ I **decline** the Hepatitis B vaccination at this time.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Representative Signature

\_\_\_\_\_  
Date

Should you not contact the Human resources Department within 30 days of receipt of this notice, it will be interpreted that you are declining the Hepatitis B Vaccination at this time. For further questions, please contact Karin Ziemba, HR Director.