



**Public Health Services Branch  
Environmental Health Division  
OSHA Declination**

860 N. Bush St. Ukiah, CA 95482 Phone: (707) 463-4466 Fax: (707) 463-4038

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.

(OSHA Standard 1910.1030 App A)

Signature of Practitioner: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Employer (Name of Facility): \_\_\_\_\_

Employer Acknowledgement of Declination: \_\_\_\_\_  
(Signature)

Return this form with practitioner registration or with practitioner registration renewal.