



# Santa Clara County Schools' Insurance Group



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Print School District Name

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## Bloodborne Pathogens

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### EXPOSURE CONTROL PLAN FOR EMPLOYEES - HBV VACCINATION DECLINATION FORM - BLOODBORNE PATHOGENS

Dear Employee:

In accordance with the required Bloodborne Pathogens regulations; your employer wants to provide you with the required vaccination against Hepatitis B Virus. It is absolutely voluntary that you accept this offer. You are encouraged to consult with your medical provider. However; if you decide to decline this offer; you must do so in writing by signing the following declination:

#### Hepatitis B Virus Vaccination Declination

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 wish to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

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Employee Signature

Employee Printed Name

Date

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Supervisors Signature

Supervisors Printed Name

Date

*This form complies with California Code of Regulations Title 8, Subchapter 7. General Industry Safety Orders, Group 16. Control of Hazardous Substances, Article 109. Hazardous Substances and Processes § 5193 Bloodborne Pathogens. Note: Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Sections 142.3 and 144.7, Labor Code; Sections 117600 through 118360, Health and Safety Code.*