

Declination Form for Hepatitis B Vaccination

Policy Code:

JHC-E

Adoption Date:

Wednesday, November 18th, 1992

DECLINATION FORM FOR HEPATITIS B VACCINATION

I, _____, have read the Iron School District Bloodborne

print name

Pathogens regulation (JHC-R2) and understand that under this policy I am entitled to a hepatitis B vaccination. I understand that the vaccination is provided by the Iron District free of charge and should be done prior to my job exposing me to any risk of disease from blood borne pathogens. By signing in the space provided at the bottom of this form, I hereby choose not to have the hepatitis B vaccination at this time. I understand that I may change my mind and receive the vaccination at a later date if my job duties put me at a greater risk.

Signature of employee

_____/_____/_____

Date

Superintendent

_____/_____/_____

Date