

**PURDUE UNIVERSITY**  
**Bloodborne Pathogens Exposure Control Plan**

**Hepatitis B 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 the 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.

**Please Type or Print Clearly**

Employee Name: \_\_\_\_\_  
Last First Middle Initial

Purdue ID #: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution List**

1. Employee Personnel Record
2. Environmental Health Officer, REM, HAMP