HEPATITIS B VACCINATION DECLINATION STATEMENT

Form Number: 518A  Version: .00
Effective Date: October 18, 2017  Prepared By: Bri Buckley,
Director of Campus Safety

STATEMENT

I understand that due to my exposure to blood or other potentially infectious materials, I may be at risk of 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.

Signed:

__________________________________________________________________________
Employee Signature Date

__________________________________________________________________________
Employee Name (Please Print)

REVISION HISTORY

This form will be maintained and revised as needed according to the requirements of 518 Bloodborne Pathogen Exposure Control Plan.

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date DD MMM YYYY</th>
<th>Written or Revised By</th>
<th>Sections with Alterations</th>
</tr>
</thead>
<tbody>
<tr>
<td>.00</td>
<td>18 Oct 2017</td>
<td>Bri Buckley</td>
<td>Initial Release</td>
</tr>
</tbody>
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