

Hepatitis B Vaccine Declination Form

California State University, Northridge, is required by law to assure that employees who decline to accept the hepatitis B vaccination offered by the University, sign the following statement as required by California Code of Regulations, Title 8, section 5193, subsection (f) (2) (D):

I understand that, due to my occupational exposure to blood or other potentially infectious materials (OPIM), 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 vaccine 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 (OPIM), and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(Authority Cited: Section [142.3](#) and [144.7](#), California Labor Code)

1. I have been advised that, in the course of my employment as a _____ with California State University, Northridge, I may be exposed or have the potential for exposure with hepatitis B Virus (HBV).
2. The risks associated with receiving or not receiving the vaccination have been explained to me.

Employee Name: _____ CSUN ID: _____ Phone: _____

Department: _____ Title: _____

Employee Email: _____

Employee Signature: _____ Print Name: _____ Date: _____