

**Systemwide Safety Programs Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**

**MANDATORY HEPATITIS B VACCINE
DECLINATION STATEMENT
CONFIDENTIAL**

INSTRUCTIONS: Complete this form and send one copy to the Systemwide Safety Programs Unit and one copy to the Employee and Retiree Service Center (ERSC) .

Note: All medical records shall be kept confidential and may not be disclosed or reported without the employee's expressed written consent to any person within or without the workplace except as required by law, but may be reviewed and copied by the employee who is the subject of the file. Questions regarding the Bloodborne Pathogens program may be directed to the Systemwide Safety Programs Unit, 240-314-1070.

DECLINATION STATEMENT:

I understand that due to my potential 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 want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name *(Please Print)* _____

Employee ID Number _____

Title _____ Position Class _____

Work Location _____

Signature, Employee

_____/_____/_____
Date