

**COCHISE COUNTY  
HEPATITIS B VACCINATION DECLINATION FORM**

Cochise County offers its employees who have occupational exposure to blood and/or other potentially infectious materials (OPIM) the Hepatitis B vaccination series, at no cost to the employee, at a reasonable time and place, and under the supervision of a licensed healthcare professional.

An employee choosing to not be vaccinated at this time must sign the Declination Form but may later opt to receive the vaccine at no cost.

The Hep B vaccine is effective for your lifetime. If the US Public Health Service later recommends booster doses, eligible employees will be offered the boosters at no charge.

I understand that, due to my occupational exposure potential to blood or other potentially infectious material (OPIM), I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge.

I understand that the Hepatitis B vaccination consists of a series of 3 separate doses. The second dose should be administered one to two months after the first dose, and the third dose four to six months after the initial dose. I further understand that failure to receive all three doses within that recommended administration schedule may jeopardize my health protection against the Hepatitis B virus.

I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I may be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or OPIM, I may receive the vaccination series at no charge.

Initial your reason for declining the Hepatitis B vaccination:

\_\_\_\_\_ I had the Hepatitis B vaccination previously

\_\_\_\_\_ Medical reasons

\_\_\_\_\_ Other reasons

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Job Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Printed Name

\_\_\_\_\_  
Supervisor's Signature