



39600 Garfield Rd. - Suite F  
Clinton Twp. MI 48038

**P:** (586) 228-7100  
**F:** (586) 228-7274

## Hepatitis B Vaccination Waiver Form

My signature below certifies that I have been provided with general educational materials regarding exposure to blood borne pathogens as required by OSHA regulations. Further, I understand that I will be provided appropriate training at my assigned workplace and will adhere to the policies and procedures of the facility to which I am assigned by Direct Staff.

Further, I understand OSHA requires that all healthcare workers at risk of acquiring hepatitis B have the opportunity to receive the hepatitis B vaccination by their employer.

### Choose the appropriate from the options below; sign and date where indicated:

\_\_\_ I completed the vaccine series on \_\_\_/\_\_\_/\_\_\_ (include copy of vaccination record)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I need #\_\_\_ or booster, in the series

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I decline the Hepatitis B vaccine series. 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 infectious materials and I want to be vaccinated with the hepatitis B vaccine I can receive that vaccination series at no charge to myself, while on active employment status with Direct Staff. I accept the responsibility to inform Direct Staff of this decision at that time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date