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HEPATITIS B DECLINATION STATEMENT

OSHA, U.S. Department of Labor Standards 29CFR
 Employees cannot be required by an employer to waive liability in order to receive the vaccine.
 Participation in pre-screening as a prerequisite for receiving the vaccine cannot be required by the employer.

This Statement of Declination of Hepatitis B vaccination must be signed by the
 MedTeam Staffing employee who does not accept this vaccine.

The statement can only be signed by an employee following appropriate training regarding Hepatitis B,
 Hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of the vaccination.

THIS STATEMENT is not a waiver.

I UNDERSTAND that due to my occupational exposure to body fluids, blood or other potentially infectious materials or substances I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

I HAVE BEEN GIVEN the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to me. However, I decline the vaccination at this time.

I UNDERSTAND that by declining this HBV vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

I UNDERSTAND employees can request and receive the Hepatitis B vaccination in the future if they continue to have occupational exposure to body fluids, blood or other potentially infectious materials or substances.

I UNDERSTAND if I remain occupationally at risk and I want to be vaccinated with Hepatitis B vaccine, as an active MedTeam Staffing employee I can receive the vaccination series at no charge to me.

MY SIGNATURE also acknowledges that I do not have a known sensitivity to yeast or a previous reaction to the vaccine that is known.

The Hepatitis B Declination Statement is mandatory and hereby acknowledged and signed by me as a MedTeam Staffing employee in accordance with the OSHA, US Department of Labor 1910.1030 Bloodborne Pathogen Standard, Hepatitis B.

Print Name: _____

Employee Signature: _____ Date: _____

MedTeam Staffing Representative Signature: _____ Date: _____