



NAU Hepatitis B Vaccination Declination Form

Paid NAU Employees (including Student Workers): All NAU employees who have a reasonable likelihood of occupational exposure to blood or other potentially infectious materials (OPIM) are offered the hepatitis B vaccination free-of-charge. If declining vaccination, see the Declination Statement below, complete the information, sign, and send the completed form to biosafety@nau.edu. If pursuance of the vaccine is desired, see the NAU Hepatitis B Acceptance Form.

Unpaid Students: Students who have a reasonable likelihood of exposure to blood or OPIM also participate in NAU's bloodborne pathogens training and are therefore required to provide a hepatitis B vaccination decision. If vaccination is desired, please contact your Licensed Healthcare Provider. To complete the training requirement through NAU, fill out this Declination Form and send to biosafety@nau.edu.

Declination Statement:

I understand that due to my occupational exposure to human blood or other potentially infectious materials (OPIM), including tissues, fluids, cells, cell lines, etc. I may be at risk of acquiring hepatitis B virus (HBV) infection which can potentially cause a serious disease. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline the hepatitis B vaccination at this time. If in the future I continue to have occupational exposure to potentially infectious material and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Potential reasons for declining vaccination:

- **Previously completed the hepatitis B vaccination series**
- Received antibody testing to confirm immunity to hepatitis B
- Vaccine is contraindicated for medical reasons
- Will not be working with human blood, tissues, fluid, cells, or cell lines
- Philosophical or other objection

I Decline the Hepatitis B Vaccination [Pursuant to 29 CFR § 1910.1030(f)(2)(iv)]

Signature _____ Date _____

Name:	Department:
Job Title:	PI/Supervisor Name:
NAU ID Number:	Email Address:

One copy of this completed form **must be submitted to:** Environmental Health and Safety at biosafety@nau.edu. Provide a copy of this form to your PI/Supervisor. One copy of this form must be maintained in the workplace and be readily available for inspection purposes. A copy must also be retained by the individual.