

**Oregon Military Department**  
**Declination Form for Hepatitis B Vaccine (Mandatory)**  
ECP/BBP Policy 99.200.03 Attachment A

I understand that due to my 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 Signature

---

Witness

---

Name

---

Work Site / Job Classification

---

Address

---

City/State/Zip

---

Date