

**EMPLOYEE DECLARATION DECLINING  
THE HEPATITIS B VACCINATION**

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EMPLOYEE NAME **PLEASE PRINT** \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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 a risk of acquiring Hepatitis B, a serious disease. If in the future, I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge by contacting the medical clinic for an appointment.

Clackamas County Jail Medical Clinic: 503-722-6775  
Hours: 24-hour operation

**EMPLOYEE'S NOTIFICATION OF PREVIOUS  
VACCINATION OF HEPATITIS B**

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FACILITY WHERE VACCINATION WAS RECEIVED \_\_\_\_\_ DATE OR YEAR RECEIVED \_\_\_\_\_

EMPLOYEE NAME **PLEASE PRINT** \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE:** The purpose of requiring our employees to sign a declination is to encourage greater participation in the vaccination program. This is also required by Oregon OSHA Bloodborne Pathogen Standard.

RETURN COMPLETED FORM TO: PSB – COUNTY HR / KRISTI DURHAM  
FOR CONFIDENTIAL EMPLOYEE MEDICAL RECORD