



OSHA Hepatitis B Vaccination Declination

I acknowledge that due to the nature of my occupational duties, I may be exposed to blood or other potentially infectious materials, thereby placing me at risk of contracting the hepatitis B virus (HBV).

I have been informed that I am eligible to receive the hepatitis B vaccination at no cost to myself. I understand that I may choose to obtain the vaccination from a provider of my choice, and upon submission of valid receipts, Perform Air will reimburse me for the associated expenses.

At this time, I am voluntarily declining the hepatitis B vaccination. I recognize that by doing so, I remain at risk of contracting hepatitis B, a serious and potentially life-threatening disease. Should I continue to be occupationally exposed to blood or other potentially infectious materials in the future and decided to receive the hepatitis B vaccination, I understand that the vaccination series will be made available to me at no cost, as indicated above.

Legal Disclaimer

This document is intended to serve as a formal declination of the hepatitis B vaccination in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910.1030). By signing below, the employee confirms that they have been provided with sufficient information regarding the risks associated with hepatitis B, the benefits of vaccination, and the opportunity to receive the vaccine at no personal expense.

This declination does not waive any rights or protections afforded under applicable federal, state, or local laws. Perform Air assumes no liability for any health outcomes resulting from the employee's decision to decline the hepatitis B vaccination.

Employee Signature

Employee Printed Name

Date