Kenai Peninsula Borough School District BBP EXPOSURE CONTROL PLAN

VACCINATION DECLINATION FORM

Hepatitis B Vaccination

Name (Please print)	Home Phone	Work Phone
Address		
understand that due to my option to the contentially infectious material (HBV) infection. I have been go Hepatitis B Vaccine at no characteristics at this time. I under the beat risk of acquiring Hepateontinue to have occupational materials and I want to be vaccinated.	s, I may be at risk of acq iven the opportunity to b rge to myself. However, I derstand that by declininatitis B, a serious diseased exposure to blood or other inated with Hepatitis B.	uiring Hepatitis B Viru e vaccinated with decline Hepatitis B g the vaccine, I continue. If in the future, I ner potentially infection
he vaccination series at no ch	narge to me.	
Signature	Enumber	Date
**********	********	k
have already received the Heapproximate date(s) of series a		
Signature	Date	
Revised: July 15, 2016		