



Exhibit O  
(Revised 12-11-09)

## **CITY OF COTTONWOOD EMPLOYEE HEPATITIS B VACCINATION DECLINATION**

I, (Employee's Name): \_\_\_\_\_ understand that due to my occupational exposure to body fluids or other potential infectious materials, I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with the 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.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_