



# NC-F-10B HBV Declination Form

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|---------------------|----------|------------------------|--------------------------------------|
| <b>Form Number:</b> | NC-F-10B | <b>Effective Date:</b> | March 1, 2026                        |
| <b>Version:</b>     | 1.0      | <b>Related Policy:</b> | NC-10 Infection Control & Prevention |

## Hepatitis B Vaccine Declination Form

NobleCare Home Health LLC

### Employee Information

**Employee Name**

**Job Title**

**Date of Hire**

### OSHA-Mandated Declination Statement

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

\_\_\_\_\_

Employee  
SignaturePrinted  
NameDate

Witness

Witness Signature  
Printed Name  
Date