

## **DCFS Employee's Hepatitis B Vaccination Declination Statement Form Instructions**

### **Purpose:**

- Used to document when minimal first aid treatment has been waived by an employee or other person.

### **Preparation:**

- Form must be completed in blue or black ink, or typed. Pencil entries are not acceptable.
- **All entries must be clearly and legibly written or typed.**

### **Disposition:**

- Safety Coordinator maintains original for audit purposes

### **Retention:**

- Copy must be kept with safety audit files according to [DCFS Policy 6-02, Retention of Departmental Records](#).