

PROOF OF HEPATITIS B VIRUS VACCINATION OR DECLINATION

EMPLOYEE PRINTED NAME/TITLE : _____

Required Information on Bloodborne Pathogens

I have been informed of the symptoms and modes of transmission of bloodborne pathogens including hepatitis B virus (HBV). I have reviewed the company's Bloodborne Exposure Policies and understand the procedure to follow if an exposure incident occurs. I have received the required personal protective equipment.

I understand that it is my responsibility to maintain the equipment and request new supplies of personal protective equipment as necessary from my employer.

I have received information that the hepatitis B vaccine is available, at no cost, to employees whose jobs involve the risk of directly contacting blood or other potentially infectious material. I understand that vaccinations shall be given according to recommendations for standard medical practice in the community.

Choose one of the two options:

1. Proof of Hepatitis B Vaccination

I have received the series less than ten years ago and I will provide proof of vaccination.

Signature of employee

Date

OR

2. Hepatitis B Vaccine Declination

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 information regarding vaccinations with hepatitis B vaccine. However, I decline hepatitis B vaccination at this time. I understand that by declining the 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 go receive the vaccination series.

Signature of employee

Date