

HEPATITIS B VIRUS VACCINE CONSENT/DECLINATION

BLOODBORNE PATHOGENS

I have been informed of the symptoms and modes of transmission of bloodborne pathogens including hepatitis B virus (HBV). I know about the facility's infection control program and understand the procedure to follow if an exposure incident occurs.

I understand 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.

HEPATITIS B VACCINE

I have already had the Hepatitis B shots at another facility. Proof of vaccine will be provided.

Signature of the Employee

_____/_____/_____

Print Employee's Name

HEPATITIS B VACCINE CONSENT

I consent to administration of the hepatitis B vaccine. I have been informed of the method of administration, the risks, complications, and expected benefits of the vaccine.

Signature of the Employee

_____/_____/_____

Print Employee's Name

HEPATITIS B VACCINE DECLINATION

Appendix A to Section 1910.1030

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.

Signature

_____/_____/_____

Print Employee's Name

HEPATITIS B VIRUS VACCINE CONSENT/DECLINATION

BLOODBORNE PATHOGENS

I have been informed of the symptoms and modes of transmission of blood-borne pathogens including hepatitis B virus (HBV). I know about the facility's infection control program and understand the procedure to follow if an exposure incident occurs.

I understand 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.

HEPATITIS B VACCINE CONSENT

I consent to administration of the hepatitis B vaccine. I have been informed of the method of administration, the risks, complications, and expected benefits of the vaccine.

X

Signature of the Employee

Date

Print Employee's Name

HEPATITIS B VACCINE DECLINATION

Appendix A to Section 1910.1030

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.

X

Signature of the Employee

Date

Print Employee's Name