

HEPATITIS B VACCINATION

POLICY: All employees with potential occupation exposure (job risk classification 1 & 2) to blood or other infectious materials will be offered a Hepatitis B vaccination.

OSHA and the CDC have identified the potential exposure risk of health care workers to the hepatitis B virus (HBV) in the course of performing their duties. For the protection of our employees, we are offering pre-screening testing (optional-not mandatory), the HBV vaccination (3 inoculations) and a post vaccine screening for antibody to HBsAg (anti-HBs) (given 1-2 months following 3rd inoculation - mandatory after 11/5/99) to all employees with potential exposure to blood or other potentially infectious materials.

In accordance with recommended OSHA and CDC guidelines this vaccine and testing is offered at no cost to the employee. You have the ability to decide whether or not you want the vaccine. If you decline at this time you may reconsider and request the vaccine at any time in the future while employed.

Please indicate your choice below. Please return this form with your signature and date to your immediate supervisor or safety officer.

- ☐ I want to receive the pre-screening (optional - give reason in notes)
- ☐ I want to receive the vaccine series
- ☐ I have all-ready had the hepatitis B vaccine series and will supply information (if possible) to confirm receiving
- ☐ Declination: I do not want the vaccine or testing and have read the following 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.

NAME _____	DATE _____
SIGNATURE _____	SS# (optional) _____
PRE-SCREENING DATE (optional) _____	RESULTS _____
DATE OF VACCINATIONS: 1. _____ Lot # _____ Exp. Date: _____	
2. _____ (1 mo.) Lot # _____ Exp. Date: _____	
3. _____ (6 mo.) Lot # _____ Exp. Date: _____	
FOLLOW UP SCREENING: _____	DATE: _____ RESULT _____
NOTES: _____	