

APPENDIX E: Hepatitis Vaccination Form

I have read and understand the Exposure Control Plan for Bloodborne Pathogens and have been trained in reference to the hazards of bloodborne pathogens.

I wish to have a hepatitis B vaccine.

Printed Name

Signature

Date

Hepatitis B vaccine waiver

I understand that due to potential for 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. 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 the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Printed Name

Signature

Date