



Employee Hepatitis B Vaccination Form

Name: _____ Employee ID: _____

Department: _____

In accordance with OSHA requirements as outlined in the *Bloodborne Pathogen Standard*, 29 CFR 1910.130, employers must make Hepatitis B vaccinations available at no cost to employees who have an Occupational Exposure to Bloodborne Pathogens or Other Potentially Infectious Materials (OPIM). Consult the city's *Exposure Control Plan* for additional information including a list of employee classifications that have an Occupational Exposure to Bloodborne Pathogens or OPIM.

The Hepatitis B vaccination is not an absolute guarantee against infection, but it can significantly reduce an individual's risk of infection.

Yes, I would like the Hepatitis B vaccination. I have read the information about Hepatitis B and the Hepatitis B vaccine. I have had the opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccination. I understand that the vaccination includes a series of three injections. I agree to complete the series.

No, I decline the Hepatitis B vaccination. 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.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____