Bloodborne Pathogens

PART 1: HEPATITIS B VACCINATION FORM

OSHA states that the hepatitis B Virus vaccination shall be offered to all employees occupationally exposed to blood or other potentially infectious materials, unless the employee has a previous HBV vaccination or unless antibody testing has revealed the employee is immune. OSHA recommends those at risk be immunized against HBV. The immunization regime consists of three doses of vaccine given according to the following schedule:

1st dose at elected date within 24 hours after exposure

2nd dose 1 month later

3rd dose 6 months after 1st dose

4th dose blood testing for B surface antibody (optional)

or after possible exposure (must be within 24 hours of possible exposure.)

PRECAUTIONS

Listed here are some precautions for you to discuss with your physician prior to talking HBV vaccination:

- Currently or possibly pregnant
- Allergy to Formalin
- Currently have an active infection which includes fever
- Have immunodeficiency or receiving immune-suppressive therapy

CONSENT/REFUSAL FOR VACCINATION (please check appropriate boxes)

A. [ ] I have read the above items and request vaccination by a healthcare provider paid for by SCU (*Please sign the **Part 1 Hepatitis B Vaccination** form*).

B. [ ] I have been vaccinated previously and do not request vaccination through SCU (*Please sign the **Part 1 Hepatitis B Vaccination** form*).

C. [ ] I fully understand the importance of being adequately immunized against hepatitis virus, however I elect not to be immunized at this time (*please sign the **Part 2 Hepatitis B Vaccination Declination** form*).

Your Signature: _____

Please Print your name: _____

Date: _____

Faculty and Staff:
Completed Status Form should be turned in to Human Resources.

Students:
Completed Status Form should be turned in to Cowell Health

PART 2: HEPATITIS B VACCINATION DECLINATION FORM

(To be completed for those who decline to be vaccinated – option C above)

Employee Name: _____
(please print)

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature: _____

Date: _____

Faculty and Staff:
Completed Declination Form should be turned in to Human Resources.

Students:
Completed Declination Form should be turned in to Cowell Health