O.S.H.A. regulation states that all health care professionals with occupational exposure to blood borne pathogens must be offered the hepatitis B vaccinations. You have been determined to be at risk to blood borne pathogens.

A. I have already received the hepatitis B vaccine.

B. I decline the hepatitis B vaccine

C. If interested with the hepatitis B vaccine, I may contact the _____ or _____ County Health Department.

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. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatis B, a serious disease. If in the future I continue to have occupation exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.

Print Name _____

Address _____

_____

_____

OSHA Hepatits Vaccine