

# HBV EMPLOYEE VACCINATION FORM

For the Office of: \_\_\_\_\_

The following employee was counseled and offered a test for Hepatitis B antibodies and/or vaccination for protection against Hepatitis B under the supervision of a licensed Physician; on \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Accepted and administered on ( date ) ( s ) :

1st Dose \_\_\_\_/\_\_\_\_/\_\_\_\_ 2nd Dose \_\_\_\_/\_\_\_\_/\_\_\_\_ and 3rd Dose \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Name: \_\_\_\_\_ Signature \_\_\_\_\_

## HBV VACCINATION DECLINATION FORM

### APPENDIX A

#### Declination Of Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious material 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 Virus, a serious disease. If in the future I continue 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 Name: \_\_\_\_\_ Signature \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### CFR. PART. 1910.1030 (f)(2)(I)

Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) AND WITHIN 10 WORKING DAYS OF INITIAL ASSIGNMENT to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

OSHA REQUIRES THAT THIS AND SUBSEQUENT EMPLOYEE MEDICAL RECORDS BE KEPT FOR THE DURATION OF EMPLOYMENT PLUS 30 YEARS.