



SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 9.0 – BLOODBORNE PATHOGEN PROGRAM

ATTACHMENT A – HEPATITIS B VACCINATION FORM

Number: 9.0

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EMPLOYEE NAME _____ DATE _____
Employee Printed Name

"I understand I may be at risk of acquiring Hepatitis B Virus (HBV) infection due to my occupational exposure to blood or other potentially infectious materials. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. If I decline the 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 myself."

☐ I decline to receive a Hepatitis B vaccination at this time

☐ I accept to receive a Hepatitis B Vaccination

Employee _____ Date _____
Employee Signature

Supervisor _____ Date _____
Supervisor Printed Name Supervisor Signature

Facility Leader _____ Date _____
Facility Leader Printed Name Facility Leader Signature