

Blood-borne Pathogens: SLAC Employee Hepatitis B Vaccine Offer and Declination Form

Department: Chemical and General Safety

Program: Blood-borne Pathogens

Owner: Tom Rizzi

Authority: ES&H Manual, Chapter 46, Blood-borne Pathogens

My job has the potential to expose me to blood-borne pathogens. Because of this I am defined as at risk for infection with a blood-borne pathogen. I further understand that SLAC must offer me free hepatitis B vaccinations. I have checked the box below that best represents my response to this offer:

- I accept this offer and will receive the hepatitis B vaccine series in the near future.
- I am currently in the process of receiving the vaccine series.
- By my signature below, I certify that I have already completed the three or four injection series of hepatitis B vaccine.
- I have had hepatitis B infection and do not require the vaccine.
- I **DECLINE** to receive hepatitis B vaccine at this time and I have signed and dated this statement at the bottom of the page. I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring the hepatitis B virus (HBV) infection. 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's name (print)

Employee's signature

Date of signature