



Hepatitis B vaccine

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 your healthcare provider in your County or your 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 informed of the option 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 hepatitis 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 Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Address \_\_\_\_\_

Date: \_\_\_\_\_

P.S. Please sin this form and return to the office by faxing to: 215-543-3210 or mailing to; 2865 S Eagle Road, Suite 349 PMB. Newtown PA 18940.