



## HBV VACCINATION DOCUMENTATION/DECLINATION

### Background

The Occupational Safety & Health Administration of the U.S. Department of Labor (OSHA) issued regulations regarding occupational exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), and other bloodborne pathogens. Under these regulations, employers in the health care industry are required to implement measures to prevent HBV and HIV exposure to employees. The HBV vaccine is one such measure. It provides active immunity against Hepatitis B only, and not against HIV infection. The vaccine must be taken in three doses at initial, one, and six month intervals for full immunization effect.

### Who Should Consider Receiving HBV Vaccine?

In accordance with OSHA's regulations, Acute Nursing Solutions, LLC is offering the HBV vaccine free of charge to all employees who may reasonably anticipate occupational exposure to blood or other potentially infectious materials.

I have been informed of the modes of transmission of bloodborne pathogens including the Hepatitis B Virus. I have been instructed on Acute Nursing Solutions, LLC exposure control plan and understand the procedure to follow if an exposure incident occurs. I have also been instructed on, and understand, the efficacy, safety, method of administration, benefits and possible adverse reactions of the Hepatitis B Vaccine.

### TO DECLINE VACCINE

#### **Check One:**

- (  ) **I have or am receiving the HBV vaccination series through another source.**
- (  ) **I am aware that I am immune to Hepatitis B through previous antibody testing.**
- (  ) **I have a medical contraindication to the Hepatitis B Vaccine.**
- (  ) **I am aware of my right to receive the HBV Vaccine at a later time.**

### Appendix A to Section 1910.13 OSHA Regulations

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, at no charge to myself. However, I decline the 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 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.

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

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Date