Public Health
Prevent. Promote. Protect.
Canton City Public Health
Nursing

Employee Hepatitis B Vaccination Acceptance/Declination Form

Employee Name: _____ Start Date: _____

Job Title: _____ Exposure Group: _____

Per the Canton City Public Health (CCPH) Exposure Control Plan (ECP), my job role has been identified as having a reasonably anticipated exposure to bloodborne pathogens or other potentially infectious material (OPIM), meaning I am at risk for contracting Hepatitis B virus (HBV) while fulfilling my job duties.

- ☐ I have read the OSHA Fact Sheet about Hepatitis B Vaccination Protection. CCPH staff has explained to me (and I understand) the following:
  - The **purpose** of the recommended vaccination;
  - The **risks and benefits** of the recommended vaccination;
  - **Possible consequence(s)** of not receiving the recommended vaccination at least 10 days prior to exposure may include contracting the illness the vaccine is intended to prevent and transmitting the disease to others;
  - Occupational Safety and Health Administration (OSHA) and Canton City Public Health **strongly recommend** that the vaccine series be completed.

In light of the information provided to me by my employer, I am:

- ☐ Requesting to receive all or part of a Hepatitis B vaccine series from my employer. Doses will depend on doses previously received.

- ☐ Declining to receive the Hepatitis B vaccine for the following reason:
  - ☐ I have previously received and completed the series and/or have laboratory confirmation of immunity and have provided documentation.
  - ☐ I have previously received and completed the series and/or have laboratory confirmation of immunity, but do not have documentation (must also check fourth box below)
  - ☐ I have received a partial series of Hepatitis B vaccine and do not wish to receive further doses (must also check box below).
  - ☐ 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 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 OPIM and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me. It is my responsibility to request vaccination from my employer when I am ready to receive it.

Signature of Employee: _____ Date: _____

Witness Signature: _____ Date: _____

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