
Bloodborne Pathogen Exposure Control Plan

Statement of Declination or Acceptance of Hepatitis B vaccination

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.

If I decline hepatitis B vaccination at this time 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.

Please initial next to your selection:

_____ I decline the hepatitis B vaccination offered at no charge to me by the University of Saint Francis.

_____ I accept the University of Saint Francis' offer to provide the hepatitis B vaccine at no charge to me.

Printed Name

Signature

Date

For Office Use Only:

Date of Employment: Start _____ End _____

This record is to be kept on file in the Department of Human Resources for no less than 30 years after the termination of this individual's employment at University of Saint Francis.