

EMPLOYEE OPTIONS FOLLOWING EXPOSURE

Employee Name

Program

Date of Exposure Incident

OPTION 1

I request a post-exposure evaluation, including a Hepatitis B immune globulin inoculation, if appropriate.

Signature Date

OPTION 2

I decline the opportunity for a post-exposure evaluation and follow-up including a Hepatitis B immune globulin inoculation. I understand that by declining this treatment I can be at risk for acquiring Hepatitis B or other communicable diseases.

Signature Date

Signature of Nurse/Administrator Date

Genesee Education Consultant Services, Inc.

HEPATITIS B VACCINATION RECORD OR DECLINATION

Employee Name

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 information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

OPTION 1

I request the Hepatitis B vaccination series. I also understand that I may obtain a Hepatitis B titer at my own expense to evaluate the effectiveness of the vaccination. The cost of the Hepatitis B titer may be covered through the employee's health insurance plan.

Signature of Employee Date

TO BE COMPLETED BY Nurse/Physician

Inoculation 1 Date: Inoculation 2 Date: Inoculation 3 Date:

 **Employee must submit medical documentation from clinic.**

Signature of Nurse/Physician Date

OPTION 2

I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. I decline the 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 Date

HEPATITIS B VACCINATION RE CORD OR DECLINATION STATEMENT

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OPTION 3

My doctor has advised me to decline the Hepatitis B vaccine (see attached medical documentation). 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 Date

OPTION 4

I have already received the Hepatitis B vaccine (see attached medical documentation).

Signature of Employee Date