Bloodborne Pathogens Exposure Control Plan – Form 1: Hepatitis B Virus Immunization For PCC Employees

According to State and Federal laws, as stated in the Oregon Administrative Rules, Chapter 437: "The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure (to blood and other body fluids), and post-exposure evaluation and follow-up to all employees who have had an exposure incident."

As a College employee, you have the right to accept the immunization at no cost to yourself, or to refuse.

Please indicate your preference below by checking either "yes" or "no" below:

YES

_____ Yes, I wish to receive the Hepatitis B immunization series

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Position Title/Program: _____

NO

_____ No, I do not wish to receive the Hepatitis B immunization series

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus 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 vaccine 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 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 at no charge to me.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Position Title/Program: _____

Return signed form to: Risk Services, DC 2nd Floor