To All employees Exposed to Bloodborne Pathogens

OSHA promulgated the Occupational Exposure to Bloodborne Pathogens standard in order to eliminate, or at least minimize, occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other Bloodborne Pathogens. OSHA believes that exposure can be minimized or eliminated by using a combination or engineering and work practice controls such as personal protective equipment, training, medical surveillance, and by having exposed employees vaccinated against Hepatitis B. Under the above standard Union College will provide the Hepatitis B vaccine to employees regularly exposed to Bloodborne Pathogens. Please read the below portion carefully, check the appropriate box and sign where indicated then return this letter Union College Office of Environmental Health and Safety no later than ______________. Failure to return this letter indicates a decline of service.

____ I have never had the Hepatitis B Vaccine but wish to receive it now.

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 the Hepatitis B vaccine, at no charge to myself and wish to receive the Hepatitis Vaccine.

Employee Signature____________________ Print name________________ Date____________

____ I have never had the Hepatitis B Vaccine but wish to decline it now.

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 the Hepatitis B vaccine, at no charge to myself and wish to decline the Hepatitis Vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B virus, a serious disease. If in the future, if 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.

Employee Signature____________________ Print name________________ Date____________

____ I have already received the Hepatitis B Vaccine and wish to decline it now.

I understand that due to my occupational exposure or 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 the Hepatitis B vaccine, at no charge to myself and wish to decline the Hepatitis Vaccine. I decline Hepatitis B vaccination at this time due to receiving the Hepatitis B vaccine at a previous employer or at birth. I understand the risk of acquiring Hepatitis B Virus, a serious disease with my occupational exposure.

Employees Signature____________________ Print name________________ Date________