



Bloodborne Pathogen – Immunization Documentation

Staff, Faculty, or Student Employee

Name: _____

University ID: _____

Department/Unit: _____

Course Title: _____

Date: _____

Signature: _____

Option 1

☐ I have been previously vaccinated against Hepatitis B.

Option 2

☐ Hepatitis B Declination

“I understand that due to my occupational exposure to blood or OPIM 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.”

Option 3

☐ I wish to be immunized against Hepatitis B.

Once you have completed the training requirements, contact the Mad River Occupational Health office at (707) 825-4907 to schedule an appointment. Note that the financial responsibility for Hepatitis B immunization and any related laboratory testing rests on the Department or Unit where the employee works.