

## Hepatitis B Vaccination

OSHA requires that all health care workers at risk of acquiring Hepatitis B have the opportunity to receive Hepatitis B vaccination by their employer. ExecuTeam will provide this opportunity to you as is appropriate based on your response to the following:

- A. If you have completed the vaccination series, please indicate where appropriate below.
- B. If you are in the process of receiving the series, please indicate where appropriate below. Please indicate if you require a dose of the vaccine while working on an assignment with ExecuTeam.
- C. If you decline to have the Hepatitis B vaccination, indicate where appropriate below.

My signature below certifies that I have been provided with general educational materials regarding exposure to blood borne pathogens as required by OSHA regulations. Further, I understand that I will be provided appropriate training at me assigned workplace and will adhere to the policies and procedures of the facility to which I am assigned by ExecuTeam.

Choose the appropriate response from the options below; sign and date where indicated:

**I understand the OSHA guidelines and: (choose 1 of the following)**

\_\_\_\_ I completed the vaccine series on \_\_\_/\_\_\_/\_\_\_ (Please include copies of vaccination).

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ I need # \_\_\_\_ or booster, in the series (Please make arrangements with ExecuTeam).

Signature \_\_\_\_\_ Date \_\_\_\_\_



\_\_\_\_ I DECLINE the Hepatitis B vaccine series. 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 infectious materials and I want to be vaccinated with Hepatitis B vaccine I can receive the vaccination series at no charge to myself, while on assignment with ExecuTeam. I accept the responsibility to inform ExecuTeam of this decision at that time.

Signature \_\_\_\_\_ Date \_\_\_\_\_