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## Occupational Exposure to Blood Borne Pathogens

O.S.H.A. regulation states that all health care professionals with occupational exposure to blood borne pathogens must be offered the hepatitis B vaccinations. You have been determined to be at risk to blood borne pathogens.

Please Indicate:

- A. I have already received the hepatitis B vaccine. Copy of titer level to be faxed to employer.
- B. I decline the hepatitis B vaccine
- C. If interested with the hepatitis B vaccine, I may contact either my local county health department or a provider of my choice at my own expense.

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 hepatitis B vaccine at my own expense. 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 occupation 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 my own expense.

Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_