Salt Lake Community College Employee Hepatitis B Declaration Form

Instructions: All employees with a job classification that puts them at risk for exposure to bloodborne pathogens must complete this form (As listed in the Bloodborne Pathogen Control Plan/Policy).

- 1. Please fill out the Employee Information section.
- 2. If you have already received the hepatitis B vaccination, then complete the Vaccination Received section, Or
- 3. If you have not received the hepatitis B vaccination, complete the Vaccination Acceptance section, Or
- 4. If you Decline to get vaccinated, complete the Vaccination Declination (Statement of Non-Participation) section.

l. <u>Employee Information</u> :		
mployee Name (Print):	S Numbe	er:
ob Title:	Supervisor Name:	
2. <u>Vaccination Received</u>		
I have already received the Hepatitis B vacc	ination from	
	(name of physician or clinic)	
Approximate dates:		
1st dose	2nd dose	3rd dose
Employee Signature		Date
my appointments to receive the hepatitis I vaccination series; 0, 1 and 6 months apart		he recommended series (three-dose
Employee Signature		Date
A. Vancination Declination (
I understand that due to my occupational be at risk of acquiring hepatitis B virus (HE with hepatitis B vaccine, at no charge to n stand that by declining this vaccine I contithe future, I continue to have occupational want to be vaccinated with hepatitis B vac	BV) infection. I have been givene; however, I decline hepatite inue to be at risk of acquiring all exposure to blood or other	otentially infectious materials I may n the opportunity to be vaccinated is B vaccination at this time. I under- hepatitis B, a serious disease. If, in potentiallyinfectious materials and I