



## VACCINATION FOR HEPATITIS B (HBV) EMPLOYEE DECISION FORM BLOODBORNE PATHOGENS – EXPOSURE CONTROL PLAN

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Please Print)

JOB TITLE: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

The California Code of Regulations Title 8, Section 5192 and Code of Federal Regulations 29, 1910.1030, Occupational Exposure to Bloodborne Pathogens—final rule requires the California State University, Dominguez Hills to offer, at no cost to the employee, Hepatitis B vaccinations to all employees that have the potential to be exposed to Bloodborne Pathogen Occupational Hazards.

Please indicate in the space provided below your preference:

\_\_\_\_\_ YES, I would like to receive the Hepatitis B Vaccination series.

\_\_\_\_\_ NO, I would like to receive the Hepatitis B Vaccination series. I understand that due to my occupational exposure to blood and/or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection and I have been given the opportunity to be vaccinated, at no charge to myself. However, I decline the vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of contracting Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood and/or other potentially infectious materials and I want to be vaccinated with the HBV vaccination, I can receive it at no charge.

This form must be signed and returned to your immediate supervisor.

Signature of Employee: