

Hepatitis B Virus Immunization Declaration

Purpose: To document the hepatitis B vaccination status of the employee.

Policy: The County of Sonoma strongly encourages all employees who are identified, as having a *reasonably anticipated occupational exposure to blood or other potentially infectious material (OPIM)*, to be vaccinated to counter the risk of contracting the hepatitis B virus. Any health-care or public-safety worker may be at risk for HBV exposure, depending on the tasks he or she performs. Workers who perform tasks involving contact with blood or blood-contaminated body fluid should be vaccinated. For public-safety workers whose exposure to blood is infrequent, timely postexposure prophylaxis should be considered rather than routine preexposure vaccination.

A safe and effective vaccine is available for protection from this virus. The vaccine is well tolerated and has not been associated with serious side effects. Immunizations shall be available at no cost to the employee and shall be offered within ten (10) working days of initial assignment. Any employee who initially declines the vaccine but later wishes to acquire it may have the vaccination series at no cost.

To ensure that all employees are aware of the County's vaccination program, information regarding hepatitis B and the HBV vaccination, including its safety and effectiveness, is thoroughly discussed as part of bloodborne pathogens training during new hire orientation and annually. Kaiser Occupational Health is responsible for administering the HBV vaccination program, and will maintain records of all employees who have received the vaccine or declined as a part of post-exposure follow-up.

For more information, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00033405.htm>
<http://www.dir.ca.gov/dosh/BloodborneFAQ.html>

Employee: _____

Instructions: Employee is to check the appropriate boxes, sign and date the form. A witness of his/her choice is also to sign and date the form.

Declaration:

I choose to **receive** the hepatitis B vaccine at this time.

I choose **not to receive** the hepatitis B vaccination at this because I have already received hepatitis B vaccinations (3) at:

_____ Date ____/____/____
(Location) (Approximate)

I choose **not to receive** a hepatitis B vaccination at this time.

If you choose to decline the hepatitis B vaccine at this time, please read and sign the statement below:

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 the hepatitis B vaccine, at no charge to myself. However, I decline to receive the 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. *(per Cal-OHSA BBP standards §5193)*

I have read and understand the statement above and have had all my questions fully answered regarding hepatitis B exposure and vaccinations.

Employee: _____ Date ____/____/____
(Print Name) (Signature)

Witness: _____ Date ____/____/____
(Print Name) (Signature)

Disposition: Original – *Supervisor* Copies – *Employee, Dept. Safety Coordinator*

Hepatitis B Virus – Inoculation Schedule

Name: _____ **is scheduled to receive**
a total of three (3) hepatitis B virus vaccinations on the following dates:

#1. ____/____/____ Received Rescheduled for ____/____/____ Other _____

#2. ____/____/____ Received Rescheduled for ____/____/____ Other _____

#3. ____/____/____ Received Rescheduled for ____/____/____ Other _____

It is very important that all 3 vaccinations be received at the prescribed intervals. Should you not be able to receive your vaccination at the scheduled time, please call (707) 571-3485 to reschedule.

If you are experiencing an emergency, call 911.

For further information, please call:

Kaiser – At Work Occupational Health Clinic
(707) 571-3000
Monday – Friday 8:00 a.m. – 5:00 p.m.