

Bloodborne Pathogen Form

I have received and read the handout on Bloodborne Pathogens and understand the information provided. If I have questions, I will call the Building Nurse or District Nurse listed on the handout.

Hepatitis B Vaccine Acceptance/Declination Record & Training Record

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. The Grand Rapids School District and its appointed Program Administrator has offered me the Hepatitis B vaccination Series at no charge. Please check an option listed below:

_____ I do not wish to receive the Hepatitis B Vaccination series. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. I understand that by declining this vaccine, I may continue to be at risk of acquired Hepatitis B. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive that vaccination at no charge to me.

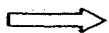
_____ I have already received the Hepatitis B Vaccination. (I will send a copy of this to the District nurse immediately.) District 318's District Nurse is Angela Elhard. Her office is at the Robert J. Elkington Middle School. 327-5744.

_____ I wish to receive the Hepatitis B Vaccination series. I will contact the District Nurse at 327-5744.

Name: _____ (Please Print)

Job Title: _____

Home Phone Number: _____



Employee Signature

Date