

Hepatitis B Immunization Offer/Consent/Declination

Print Name: _____ Employee ID #: _____

Job Title: _____ Department: _____

OFFER

It is an OSHA requirement for CBC/CTS to offer Hepatitis B vaccine to those that may come in contact with any potentially infectious substances at work. CBC/CTS designates these as Category I or II (refer to SAF 102-JA-03). It is imperative that immunization be initiated within 10 days of hire. You are not obliged to accept this offer but CBC/CTS strongly encourages this group of employees to accept this offer.

Immunization consists of three shots, initial, again at approximately 1 month, and again at approximately 6 months, all are free of charge and given at a time convenient for the employee.

You will be given the CDC fact sheet Hepatitis B Vaccine (*What You Need to Know*). It is also available at:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-hep-b.pdf>

The Right to Decline

An employee can choose to decline the vaccine however OSHA requires employees who decline the vaccine to complete the declination portion of this form for the employer's records.

You will receive training on Bloodborne Pathogens during your orientation and you will also read the Exposure Control Plan, SAF-102-POL.

In order to determine whether the Hepatitis B immunization is indicated you will be given the opportunity to be tested for the Hepatitis B antigen prior to immunization (this is not a requirement). If you have been previously immunized and have proof of immunity (Anti-HBs) please provide a copy of those records to Human Resources.

Your signature serves as written verification that you have been offered the Hepatitis B immunization by CBC/CTS.

Employee Signature: _____ Date: _____

CONSENT/DECLINATION

As an employee with possible occupational exposure, you have the right to receive the Hepatitis B vaccination series, free of cost to you. Please read the CDC Hepatitis B Vaccine information sheet given to you. Complete this form by checking the box preceding the appropriate statement and signing/dating.

I understand I should NOT receive this vaccine if:

- I have a history of hypersensitivity to yeast or any vaccine component.
- I have a history of serious adverse events (e.g., anaphylaxis) after receipt of hepatitis B vaccine.
- I currently have a moderate or severe acute illness, with or without fever, I will be deferred until illness resolves.
- Note: Pregnancy and lactation are not contraindications to vaccine; however it is recommended you contact your physician prior to immunization.

Consent to Receive Vaccine Series

- I CONSENT:** I have read all the information provided about the Hepatitis B Immunization which includes the risk of acquiring Hepatitis B virus (HBV) infection. I have been informed about and offered the opportunity to receive the Hepatitis B vaccine. As with any medical treatment, there is no guarantee that I will become immune or that I will not experience any side effects from the vaccine. I will report any unusual post vaccination symptoms to my Supervisor, my Department Director or Employee Health. I release CBC/CTS, its officers, trustees, and employees from any and all liability for injury resulting from receiving the immunization.

Temporary employees, interns and volunteers acknowledge that if the vaccination series is incomplete at the time of separation from CBC/CTS, immunity to the Hepatitis B virus may not have been established.

Employee Signature: _____ Date: _____

Decline to Receive the Vaccine Series

I DECLINE (please check one):

- 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 no charge to myself. 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, while actively working with CBC/CTS, if I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive it at no charge to me.

Note: The CBC/CTS Medical Directors have requested that any employee that declines the immunization consult with one of the CBC/CTS Medical Directors. The employee should call or email Karen Duell, Executive Administrative Assistant, at extension 3387 or kduell@cbccts.org to schedule an appointment.

- I have previously received the Hepatitis B vaccination series and antibody testing (Anti-HBs) has revealed I am immune to Hepatitis B (proof of immunity is required). **If unable to present proof of immunity, a blood sample may be drawn for Anti-HBs testing (titer).**
- Deeply regarded religious belief
- The vaccine is contraindicated for a medical reason, describe: _____

Employee Signature: _____ Date: _____

Please return this form to Human Resources for filing in the employee's medical file.

Applies To:	HR, CS Mgmt., Sales Mgr. Toledo, CTSPEN Supervisor, CTSP Director, CTSNWT Director
Review/Approval Requirements:	CAO, QRA, Medical Director

REVISION TRACKING

Rev #	Explanation of Changes <i>(include what changed including reason, when applicable)</i>	Change Initiated By	Implementation Date
Rev 00	Formerly Safety Form 314	MW	11-7-14

VERSION TRACKING

Version #	Explanation of Changes <i>(Describe and justify the change)</i>	Type of Training Needed <i>(File Only OR Review Document OR Review and Training)</i>	Change Initiated By	Implementation Date
1.0	Initial upload to SharePoint	Review and Training	eSOP Team	4-13-15
2.0	Added Axogen to Applies To. See CO150108.	Review Document (Axogen) File Only (All Others in Applies To)	TA/PJS	9-25-15
3.0	Moved the Offer for Hepatitis B Immunization from SAF-102-F-02 to this form. Deleted all content related to recording vaccine administration (that is now captured in SAF-102-F-02, Hepatitis B Immunization Record). Changed title. <u>Changed Decline options:</u> if employee declines for no specific reason Medical Director Evaluation is required, added that proof of immunity must be presented if declining due to receipt of vaccine/immunity, added option to decline for deeply regarded religious belief. CO150186. Clarified Applies To section to be more specific.	Review and Training	AS	1-22-16
4.0	Added statement related to interns, temporary employees and volunteers to the consent area. Changed requirement for MD consultation to recommendation and added contact information for scheduling.	Review Document	AS/PM	1-13-17
5.0	Clarified the header of the Consent and the Declination sections. Clarified declination option 2 (if cannot present proof of immunity upon hire – an anti-HBs titer may be drawn).	Review Document	AS	3-3-17