University of New Hampshire

Bloodborne Pathogen Exposure Control Plan
Training and Vaccination Form

Please complete sections 1 & 2 below

1. [ ] I have received training on the risks of working with human blood or other potentially infectious materials as outlined in the University of New Hampshire’s Bloodborne Pathogen Exposure Control Plan.

HEPATITIS B VACCINATION
ACCEPTANCE/DECLINATION STATEMENT

2. In full recognition of the above (check one of the following):

[ ] I have already received the HBV vaccination series on: __________________________.

   Date/Year

[ ] I decline participation in the 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 infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time.

I understand that by declining this vaccination, 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 other potentially infectious materials and I wish to be offered the Hepatitis B vaccine, I can be vaccinated at that time at no charge to me.

[ ] I accept participation in the hepatitis B program and wish to receive the vaccination series.

_________________________________________              ____________________________________
Print Name                                                Signature

_________________________________________              ____________________________________
Department                                                Date