



"a company of nursing excellence"

mandatory hepatitis B vaccination waiver form

My signature below certifies that I have been provided with general educational materials regarding exposure to blood borne pathogens as required by OSHA regulations. Further, I understand that I will be provided appropriate training at my assigned workplace and will adhere to the policies and procedures of the facility to which I am assigned by Bluegrass Healthcare Staffing.

Further, I understand OSHA requires that all healthcare workers at risk of acquiring hepatitis B have the opportunity to receive the hepatitis B vaccination by their employer.

Choose the appropriate from the options below; sign and date where indicated:

___ I completed the vaccine series on ___/___/___ (include copy of vaccination record)

signature: _____ date: _____

___ I need # ___ or booster, in the series (make arrangements with BHS).

signature: _____ date: _____

___ I DECLINE the hepatitis B vaccine series. 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 other infectious materials and I want to be vaccinated with hepatitis B vaccine I can receive the vaccination series at no charge to myself, while on active employment status with BHS. I accept the responsibility to inform BHS of this decision at that time.

signature: _____ date: _____