



## Appendix B to CSUF Bloodborne Pathogen Program

### Hepatitis B Virus Vaccination Decision Form

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The information below describes the nature and risks of Hepatitis B virus (HBV), which is considered a job hazard for some workers. HBV may be prevented (but not treated once contracted) through a vaccination given in a series of three injections (the second one month after the first, and the third six months after the first).

The California Division of Occupational Safety and Health (Cal/OSHA) has determined that employers must provide the HBV vaccine to all eligible employees. Eligible employees are those whose work may require exposure to blood or other potentially infectious materials as part of their job duties.

You are offered the HBV vaccine by the University, at no cost to you, and on University time. You may accept the HBV vaccine or refuse it, but **you must sign the following statement to document your decision.**

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I have read the information given above and have asked any questions I have regarding the vaccine or its side effects. I believe I understand the benefits and risks of the HBV vaccine, and I realize that the series requires three injections, scheduled as state above.

\_\_\_\_\_ **I ACCEPT THE VACCINATION.** I accept responsibility for returning for the subsequent injections in order to receive adequate immunity to Hepatitis B; OR

\_\_\_\_\_ **I DECLINE THE VACCINATION.** 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 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 the vaccination series at no charge to me.

NAME (PLEASE PRINT) \_\_\_\_\_ CWID \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_