

# Hepatitis Employee Notification

Hepatitis B is a serious infection involving the liver. The Hepatitis B virus can cause lifelong infection, cirrhosis of the liver, liver cancer, liver failure and/or death. Hepatitis B is spread when blood or body fluids from an infected person enters the body of a person who is not infected. Hepatitis B is a major infectious occupational hazard for healthcare. Any healthcare worker may be at risk for Hepatitis B exposure, depending on the tasks that the worker performs. Employees should be vaccinated if their tasks involve contact with blood or blood contaminated bodily fluids. OSHA Standards require that all employers make available the Hepatitis B vaccination series to all employees who have exposure.

The **Hepatitis B vaccine is available at no cost to employees**. The cost to provide vaccination is an administrative expense to the Employer, and is reimbursable through arrangements that can be made with the Financial Supports Agency.

The vaccine is administered in a prescribed series of three injections over a six-month period:

- Dose 2 is administered 30 days after Dose 1
- Dose 3 is administered five months following Dose 2

The employee is responsible for requesting from the healthcare provider administering the vaccination additional information about the efficiency, safety, benefits, method of administration and potential side effects of the Hepatitis B vaccination. The employee may elect to receive or decline the Hepatitis B vaccination.

\_\_\_\_\_ I agree to receive the Hepatitis B vaccination and will be reimbursed by the Financial Supports Agency within 30 days of presenting a paid receipt for each dose. I understand I will only be reimbursed for doses received while I am an employee of this employer.

\_\_\_\_\_ I agree to receive the Hepatitis B vaccination and the employer and I agree to the following arrangements related to covering the cost of the vaccination:

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\_\_\_\_\_ I decline the Hepatitis B vaccination because I have previously received it.

\_\_\_\_\_ I decline the Hepatitis B vaccination. I understand, due to my occupational exposure to blood or other infectious materials, I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine. However, I decline the Hepatitis B vaccination at this time. I understand 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 vaccine, I can receive the vaccination series at no charge to me.

I further acknowledge and certify I have received information on occupational exposure to blood borne pathogens, universal precautions, Hepatitis B and Hepatitis B vaccination. I have been provided the opportunity to ask questions and to seek additional information. I have made my choice related to the Hepatitis B vaccination base on informed choice.

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Employee Signature

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date