

Health Science Technology Education Unpaid Work-Based Learning – Hepatitis B Form

I understand that due to occupational exposure to blood and other potentially infectious materials, _____ may be at risk of acquiring hepatitis B virus (HBV) infection.

I acknowledge that the above student has been trained:

- a. in accordance with the Occupational Safety and Health Administration's (OSHA) Occupational Exposure to Bloodborne Pathogens Final Rule 29 CFR Part 1910.1030;
- b. in the modes of transmission , epidemiology and symptoms of Hepatitis B virus (HBV) and Human Immunodeficiency (HIV) and other bloodborne pathogens;
- c. in the methods of control that prevent or reduce exposure including universal precautions, appropriate engineering controls, work practices, and personal protective equipment;
- d. in the efficacy, safety, method of administration, benefits of being vaccinated with the hepatitis B vaccine;

I have been encouraged to provide vaccination for the above student, however, I decline hepatitis B vaccination at this time for the above named student. I understand that by declining this vaccine, the above named student will continue to be at risk of acquiring hepatitis B, a serious disease.

Parent/Guardian Signature

Date

Student Signature

Date

Because I understand the risk of acquiring hepatitis B virus infection, I have initiated the hepatitis B vaccination series #1 on _____, #2 on _____, #3 on _____ for the above named student.

Parent/Guardian Signature

Date

Student Signature

Date