

City of Kaukauna

Hepatitis B Vaccination Declination Form

Hepatitis B Virus (HBV) is a pathogenic microorganism that can cause potentially life threatening disease in humans. HBV infection is transmitted through exposure to blood and other potentially infectious materials, as defined in the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030.

Any workers who have reasonably anticipated contact with blood or other potentially infectious materials during performance of their jobs are considered to have occupational exposure and to be at risk of being infected. Workers infected with HBV face a risk for liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer. A small percentage of adults who get hepatitis B never fully recover and remain chronically infected. In addition, infected individuals can spread the virus to others through contact with their blood and other body fluids.

Hepatitis B vaccination is recognized as an effective defense against HBV infection. Employers must make hepatitis B vaccination available to workers with a risk of occupational exposure at no cost to the workers.

The City of Kaukauna has identified the Aquatics Staff at the pool as having such a risk of occupational exposure. If you have been hired on the pool staff, you have three options. 1. Submit a record of Hepatitis B Vaccination if you have already received the vaccination. 2. Obtain the Hepatitis B Vaccination. 3. Sign and Submit the Hepatitis B Vaccination Declination Form. One of these options must be completed before employment begins.

This Form is for employees that choose Option #3 and wish to decline the Hepatitis B Vaccination.

Declination of Vaccination

Employers must ensure that workers who decline vaccination sign a declination form. The purpose of this is to encourage greater participation in the vaccination program by stating that **a worker declining the vaccination remains at risk of acquiring hepatitis B**. The form also states that if a worker initially declines to receive the vaccine, but at a later date decides to accept it, the employer is required to make it available, at no cost, provided the worker is still occupationally exposed.

I understand the benefits and risks of taking and not taking the Hepatitis B vaccine. I decline the vaccine at this time. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk for acquiring Hepatitis B. I understand that I may retract my decision and receive the vaccine at a later date.

Signature

Date

Printed Full Name