

Reliable Nursing Solutions Inc.

When Caring Counts!

O.S.H.A. Regulation states that all health care professionals with occupational exposure to blood borne pathogens must be offered the hepatitis B vaccinations. You have been determined to be at risk to blood borne pathogens.

- A. I have already received the hepatitis B vaccine.
- B. I decline the hepatitis B vaccine
- C. If interested with the hepatitis B vaccine, I may contact the San Bernardino County of Health Department.

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. 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 occupation exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.

I also have received the following immunizations, or I am interested in receiving them.

Please provide the following information regarding your chickenpox history, Vaccination and titers. Be sure to document copies you've indicated you will provide.

(Please check one of the following)

			Copies	
			NO	Yes
MMR:	Have received it _____ Interested in _____ Declined _____		<input type="checkbox"/>	<input type="checkbox"/>
Rubella:	Have received it _____ Interested in _____ Declined _____		<input type="checkbox"/>	<input type="checkbox"/>
Varicella:	Have received it _____ Interested in _____ Declined _____		<input type="checkbox"/>	<input type="checkbox"/>

Sign: _____

Print Name: _____

DATE: _____