

University of Maine Acknowledgement of Risk and Availability of Hepatitis-B Vaccine

EMPLOYEE STATEMENT- 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, a serious disease. I have completed a UMAINE training session on bloodborne pathogens and had the opportunity to ask questions. I now have the opportunity to receive medical consultation and be vaccinated with hepatitis B vaccine, at no charge to myself.

(Please write legibly)

Employee Name: _____ Date: _____

Job Title: _____ Dept. / Work Location: _____

Phone Contact: _____ Email contact: _____

Supervisor Name: _____ Dept./ Work Location: _____

EMPLOYEE SELECTION – (Place your **signature** next to the option of your choice)

Accept _____
(signature)

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 choose to accept medical consultation by a licensed healthcare provider regarding hepatitis B vaccination offered by University of Maine. Medical consultation will be provided at no charge to me, during work hours, at a reasonably convenient location. If I choose to be vaccinated, the vaccine will also be provided at no charge to me. *I also understand that I should not perform tasks which could expose me to Bloodborne Pathogens until a healthcare provider advises I may do so.*

Arrangements regarding medical consultation and vaccination will be made by the Department of Human Resources in coordination with my supervisor and me. I am responsible for keeping any and all medical appointments. If I have any questions regarding medical appointments, I will contact Human Resources at 112 Corbett Hall or call 581-1531.

Decline _____
(signature)

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 receive medical consultation and be vaccinated with hepatitis B vaccine at no charge to myself. At this time, however, I decline medical consultation and hepatitis B vaccination. I understand that by declining medical consultation and this vaccine I may 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 medical consultation and the vaccination series at no charge to me.

TRAINER INFORMATION

Trainer Name: _____ Dept./Work Location: _____

***Authorized BBP trainers MUST send a copy of the **training roster** to Human Resources along with this document.
