**Appendix B**

**INFORMED CONSENT/WAIVER**

**Hepatitis B Vaccination**

Reference: OSHA Bloodborne Pathogens Standard, Code of Federal Regulations (CFR), 29 CFR 1910.1030

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. My response to this offer is:

**(EMPLOYEE: Read over the three possible responses below and strike out the items that do not apply. Place your initials and the date after the item you select, then date, sign, and print your full name at the bottom of the page. You must select one of these responses.)**

I accept the offer. I will make myself available to receive a series of three (3) inoculations, to be administered as soon as practicable, and at one (1) and six (6) months after the initial dose. I understand that I will be paid at the regular rate for my time when I receive the inoculations.

I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposures to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have previously received the three shoot Hepatitis B vaccination series.

(Signed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_