



Fairview Health Services
Employee Occupational Health Services

EOHS Policy # 7.05

Attachment A

Hepatitis B Questionnaire/Declination

Name _____ SS# _____

Department _____ Job Title _____

_____ 1) I have received Hepatitis B vaccine in the past.

- series completed, number of shots given _____ (year) _____
- series incomplete, number of shots given _____ (year) _____

_____ 2) Hepatitis B titer results

- unknown / not previously drawn
- not immune
- known immune (date of positive titer _____)

_____ 3) I have not received Hepatitis B vaccine in the past

_____ 4) I have been offered the Hepatitis B vaccination during my pre-placement assessment.

I would like to receive the Hepatitis B vaccine. I will contact Employee Occupational Health Services at 612-672-7171 to schedule the vaccination series when I have completed orientation. I understand that the vaccination series will be 3 doses and that it is my responsibility to complete the entire series, or contact Employee Occupational Health Services to sign a declination. Failure to respond to an EOHS reminder letter within 2 weeks of letter date will serve as my declination.

I do not wish to receive the Hepatitis B vaccine at this time.
(Please sign declination below)

Signature _____ Date _____

DECLINATION

(OSHA 1910.1030, App A)

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 vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand 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 occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can complete the vaccination series at no charge to me.

Signature _____ Date _____