**BLOODBORNE PATHOGENS**

**RISK OF EXPOSURE NOTIFICATION**

On December 6, 1991 the Occupational Safety and Health Administration (OSHA) issued the final standard on occupational exposure to bloodborne pathogens (29 CFR Part 1910.1030).

In issuing this standard, OSHA has determined that some workers face a significant health risk as a result of exposure to bloodborne pathogens including Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Coaches are considered to be in the HIGH RISK category.

You are required to view the Bloodborne Pathogens Safety handout.

**Sign and return the verification statement and the Hepatitis B form below.**

* I have viewed the Bloodborne Pathogens Safety handout.
* I understand that my job classification (coach) and duties place me at some risk of exposure and I have been notified of that level of risk.
* I understand that my employer will comply with all requirements of the OSHA standard including training, personal protective equipment, the offer of hepatitis B vaccine at no cost and medical evaluation after exposure incidents.
* I have been given a copy of the Exposure Control Plan, which I read, and shall comply with the recommended procedure.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEPATITIS B**

**YOU MUST SELECT ONLY ONE OF THE 4 CHOICES BELOW**

1. I hereby give my consent to be vaccinated against Hepatitis B. I have been given an opportunity to ask questions about the inoculation and risk involved. (I understand that if I am under the care of a physician I must have clearance from my physician prior to receiving the vaccine.) Upon signing this consent form, I have two (2) weeks to begin the vaccine series.
2. I completed the vaccination series.

Dose #1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose #2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose #3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am in the process of receiving the vaccine at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last dose due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. HEPATITIS B VACCINE DECLINATION

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, at no charge to myself. 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 occupational exposure to blood or other potentially infectious materials, and am still employed in a covered group listed in the Amphitheater Public Schools HBV Exposure Plan, and I want to be vaccinated with hepatitis vaccine, I can receive the vaccination series at no charge to me.

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Employee’s Signature Date

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Witness Date