CANCER CAREPOINT
nationwide staffing services

Declination

HEPATITIS B VACCINE

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 vaccination.

- ❑ 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 I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at that time.

- ❑ I have already been vaccinated with the hepatitis B vaccine, and therefore decline the hepatitis B vaccination at this time. (Attach copy of vaccination record).

_____ _____ _____ on ___/___/___.
Facility Name City State Date

OSHA Training

BLOODBORNE PATHOGENS

- ❑ I have completed the training required by OSHA with regard to bloodbourne pathogens. *

- ❑ I am planning to attend an educational training program, which is required under OSHA's Bloodbourne Pathogen Standard. *

_____ _____ _____on ___/___/___.
Facility Name City State Date

* A statement must be forwarded by the facility to Cancer CarePoint, Inc. stating dates of attendance, name of trainer, facility name, and summary of the training curriculum.

I have reviewed and understand the information that has been presented to me in regard to bloodbourne pathogens and Hepatitis B vaccination.

Signature _____ Date _____

Printed Name _____