Bloodborne Pathogens Occupational Exposure
& Hepatitis B Vaccine Acknowledgement

I hereby acknowledge that I have been informed of my risk of exposure to Human Blood or Other Potentially Infectious Materials (OPIM) as part of my work, research, or class activities at UNCG. (OPIM includes: human primary cells, cell lines, unfixed tissues, semen, vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with blood or in situations where it is difficult to differentiate between body fluids.)

I have received training on these risks, how they may be minimized, and procedures to follow should I have an exposure incident with blood or other potentially infectious materials, and hereby agree to comply with facility policies in these and other matters.

I understand that I may be at risk of acquiring hepatitis B virus (HBV) infection. I acknowledge that I have been provided information on the hepatitis B vaccine, including information on its effectiveness, safety, method of administration and the benefits of being vaccinated. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself.

Check One of the Following:

☐ Accept the Hepatitis B Vaccination
   I understand that I am responsible for scheduling and keeping my appointments to receive the Hepatitis B vaccine in accordance with the recommended series (three vaccination series; second vaccine one month after first vaccine; and third vaccine within five months of second vaccine).

☐ Decline the Hepatitis B Vaccination
   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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Please check one of the following if you are declining:

☐ I am declining because I have previously completed the hepatitis B vaccination series.

☐ I am declining because I choose not to have the hepatitis B vaccination at this time, but am aware that should I change my mind, I may receive the vaccination series at a later date.

Department: _____________________________________________

Exposed Individual: ___________________________ UNCG ID#: _________

Print

________________________________________ Date: ____________

Signature

Submit completed form to: Lab Safety, EH&S Department