

Bloodborne Pathogens Determination

Name _____ Last 4 of SSN _____

To the Employee: This section will be used to determine if you should be included in the JHMI Exposure control plan. Please place an X on the appropriate line and sign below.

- _____ I will be occupationally exposed to blood or other potentially infectious materials during my employment.
- _____ I will **NOT** be occupationally exposed to blood or other potentially infectious materials during my employment.
- _____ I am not sure if I will be occupationally exposed to blood or other potentially infectious materials during my employment.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the 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 vaccination at this time. I understand that by declining, 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 vaccine, I can receive the vaccination series at no charge to me.

REASON FOR DECLINING - Please check the appropriate line:

- Already vaccinated _____
- Positive titer without vaccine _____
- Vaccinated but never developed positive titer _____
- Don't want at this time _____
- Other _____

Signature _____ Date _____

Witness _____ Date _____