

APPENDIX D-12

CONTACT LISTING AND FORMS

BLOOD BORNE PATHOGENS DECLINATION OF HEPATITIS B VACCINE

Employment Information

Name _____

Parish/School of Employment and City _____

Position or Job Title _____ Date of Hire _____

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 I continue to have occupational exposure to blood or other potentially infectious materials in my future employment with _____ parish/school and I want to be vaccinated with hepatitis B vaccine, I understand that I am eligible to receive the vaccination series at no charge to me.

If you have any questions about this form please contact:

Property and Construction Services
Catholic Archdiocese of Seattle
710 Ninth Ave., Seattle, WA 98104
206-382-4851
800-809-4923

Employee Signature

Date

Pastor, Facility Manager, or Principal's Signature

Date