

**Hepatitis B Vaccination Consent, Waiver, and Bloodborne  
Pathogen Training Documentation**

Staff Member's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Job Classification: \_\_\_\_\_ Department/Site: \_\_\_\_\_

Winston-Dillard School District  
620 NW Elwood  
Winston, OR 97496-8501

**PART A - CONSENT**

I attended the bloodborne pathogens training session conducted by \_\_\_\_\_ on \_\_\_\_\_ (date) and:

1. I understand that due to my reasonably anticipated occupational exposure to blood and OPIM I may be at risk of acquiring Hepatitis B Virus (HBV) infection;
2. I understand that a series of three injections of Hepatitis B vaccine is needed to become protected; however, sometimes additional doses are needed if the first series does not result in immunity;
3. I understand that there will be no cost incurred by me as a result of receiving the Hepatitis B vaccinations;
4. I understand that I will need a post-exposure evaluation if I have encountered an occupational exposure incident (specific eye, mouth, other mucous membranes, nonintact skin or parenteral contact with blood or OPIM) even if I have received the Hepatitis B vaccination series. Also, I understand that I must report this incident to the building administrator or support services supervisor immediately;
5. (For women only) I understand that if I am pregnant, I am advised to consult with my private medical practitioner regarding the administration of Hepatitis B vaccine.

I have read and I understand the above information and wish to receive the Hepatitis B vaccination series (three doses). Also, I have no known sensitivity to yeast or any preservatives (i.e., thimerosal).

\_\_\_\_\_  
Staff Member's Signature

\_\_\_\_\_  
Date

**PART B - WAIVER**

I attended the bloodborne pathogens training session conducted by \_\_\_\_\_ on \_\_\_\_\_ (date) and:

1. I understand that due to my occupational exposure to blood and OPIM, I may be at risk of acquiring Hepatitis B Virus (HBV) infection;
2. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I have decided to decline Hepatitis B vaccine at this time;
3. I understand that by declining this vaccine, I may have an occupational exposure risk of acquiring Hepatitis B infection which can be a serious disease;
4. I understand that if in the future I continue to have an occupational exposure to blood or OPIM, I have the option of being vaccinated with Hepatitis B vaccine at no charge to myself (unless medical contraindication);
5. I understand that I will need a post-exposure evaluation if I have encountered an occupational exposure incident (specific eye, mouth, other mucous membranes, nonintact skin or parenteral contact with blood or OPIM) and I must report this incident to the building administrator or support services supervisor immediately.

I have read and I understand the above information and do not wish to receive the Hepatitis B vaccination series (three doses) at this time.

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Staff Member’s Signature Date

**PART C - HEPATITIS B VACCINATION CONSENT AFTER INITIAL WAIVER**

I have now decided to receive the Hepatitis B vaccination series (three doses) due to my occupational exposure risk to blood and OPIM. I have completed Part A of this form as a condition of understanding.

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Staff Member’s Signature Date