



HEPATITIS B VACCINATION STATUS



TNN Employee Name: _____

Date: _____

The Occupational Safety and Health Administration (OSHA) set forth guidelines for personnel that may have occupational exposure to bloodborne pathogens. The Hepatitis B Vaccination will be made available to all healthcare personnel after personnel. In compliance with the OSHA standards regarding Hepatitis B vaccination, one of the following must be completed prior to starting an assignment with The Nurse Network.

Hepatitis B Vaccination

1. You must provide documentation that you have received or are in the process of receiving the Hepatitis B Vaccine (3 in the series) or have the titer.

OR

2. You must sign the below waiver declining the vaccine at this time.

I have read the above information and understand the implications of non-compliance.

Signature: _____

Date: _____

Declination Statement/Waiver

I decline the 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. I understand that due to my occupational exposure to blood and other potentially infectious materials and want to be vaccinated with the Hepatitis B Vaccine; I will receive the Vaccinations series at that time.

Signature: _____

Date: _____

Hepatitis B Vaccination Information

Check one and attach supporting documentation signed by the attending physician.

- I have completed the Hepatitis B vaccine series
- Antibody testing indicates me to be immune
- The vaccine cannot be given for medical reasons
- I am currently receiving the vaccine

Please provide your vaccination history:

Series 1: _____ Date Given: _____

Series 2: _____ Date Given: _____

Series 3: _____ Date Given: _____

TNN Employee Signature: _____

Date: _____

Physican Signature: _____

Date: _____