

Section G: Personnel

GBGAA-N Bloodborne Pathogens and Exposure Control Plan Form

**MID-COAST SCHOOL OF TECHNOLOGY
One Main Street
Rockland, ME 04841**

HEPATITIS B VACCINE

Please review carefully the following two statements in light of the training you have received at MCST and sign one to indicate your decision to decline or receive the hepatitis B vaccine. If you have any additional questions regarding the advisability of the vaccine for yourself, please contact your personal health care provider.

Declination Statement

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 a 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 hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Request to Receive Vaccination

After receiving the information regarding blood borne pathogens, hepatitis B virus, the hepatitis vaccination, the efficacy, safety, methods of administration and the benefits of the vaccination and careful consideration I have chosen to receive the hepatitis B vaccination. I understand that the school will pay for the vaccination. I will provide documentation when I have completed the series of inoculations.

Employee Signature

Date

Adopted 2/25/15