

**PROFESSIONAL
NURSING
SERVICE**

HEPATITIS B VACCINATION

OSHA requires that all health care workers at risk of acquiring Hepatitis B have the opportunity to receive the Hepatitis B vaccination by their employer. Professional Nursing Service will provide this opportunity to you as is appropriate based upon your response to the following.

My signature below certifies that I have been provided with general education materials regarding exposure to blood borne pathogens as required by OSHA regulations. Further, I understand that I will be provided appropriate training at my assigned workplace and will adhere to the procedures of the facilities to which I am assigned by PNS staffing.

I understand that due to my occupational exposure to blood and/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 me, while on active assignment with PNS Staffing.

Choose the appropriate response from the options below; sign and date where indicated.

_____ **I ACCEPT the hepatitis B Vaccine**

Signature

Date

First Vaccine

Second Vaccine

Third Vaccine

Date

Date

Date

Hospital

Hospital

Hospital

RN

RN

RN

_____ **I HAVE COMPLETED** the vaccination series on _____
Date

Signature

Date

_____ **I DECLINE the Hepatitis B vaccine series.** I understand that by declining this vaccine, 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 infectious materials and I want to be vaccinated with the Hepatitis B vaccine I can receive the vaccination series at no charge to myself, while on assignment with PNS Staffing. I accept the responsibility to inform PNS Staffing of this decision at that time.

Signature

Date