Waukesha County Technical College
Hepatitis B Vaccine Acceptance / Declination Form

Employees identified in the College’s Bloodborne Exposure Control plan as having an occupational exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. If the employee initially declines the Hepatitis B vaccine but at a later date, while still covered under the Bloodborne Exposure Control Plan, decides to accept the vaccination, the vaccination shall then be made available to them at no cost.

Please indicate below if you are accepting or declining the vaccine at this time. If you have any questions please feel free to contact the Environmental, Health and Safety Supervisor at (262) 691-5226 or Ext. 5226.

ACCEPT
I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of being infected by bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B (HBV) vaccine. Based on the training I have received, I am making an informed decision to accept the Hepatitis B (HBV) vaccine.

☐ I ACCEPT the Hepatitis B vaccine.

DECLINE
I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, 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. 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.

☐ I have already received the Hepatitis B vaccine, therefore DECLINE.

☐ I DECLINE the Hepatitis B vaccine.

Employee Name: (Print)_________________________________________________________ Employee I.D. __________________________

Job Title:__________________________________________________________Department: __________________________

Employee Signature:_________________________________________Date: __________________________

Please forward completed forms to the Environmental, Health and Safety Office (C-210D)