TRAINING CERTIFICATION FORM

(Bloodborne Pathogen Exposure Plan)

☐ The signature below attests that on _____, I viewed the training video on the OSHA Bloodborne Pathogen Standard provided for all employees by the North Central Ohio Educational Service Center.

☐ The signature below attests that I completed an OSHA Bloodborne Pathogen Standard training program at/through _____ (location) on _____(date).

_____ _____
Employee Signature County Office Verification Signature
(Superintendent or Designated Employee)

_____
Employee Name – Please Print

_____ _____
Job Title Date

- -

HEPATITIS B VACCINATION

I have watched the presentation on the risks of acquiring the Hepatitis B virus infection and:

(Please Check One)

_____ **Yes,** I would like to receive this vaccination. I am aware that the NCOESC **does not** cover the cost for substitute employees unless an incident occurs. Regular employees must pay for their three injections and then be reimbursed.

_____ No, I am not interested in obtaining this vaccination at this time and **Have signed the declination form on the back of this page.**

_____ I have received the HBV series on the following dates: _____
_____

_____ Other: _____

_____ Please send copy to the following school districts: _____
_____

APPENDIX G
MANDATORY for those who decline

(According to the OSHA standard, all employees refusing Hepatitis B vaccination are required to sign the following mandatory declination form. No words may be subtracted or added from this declination.)

HEPATITIS B VACCINE DECLINATION FORM

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 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.

Name: _____

Signature: _____

Date: _____