

## HEPATITIS B VACCINE INTEREST FORM

The Hepatitis B Vaccine must now be offered to employees who come into contact with blood and other bodily fluids, according to a 1989 CAL-OSHA ruling. Park District employees who have completed First Aid and CPR training are eligible to receive the Hepatitis B Vaccine. Employers must now offer and pay for the vaccine. However, employees have the option of taking or not taking the vaccine.

The purpose of the form is to indicate your interest in receiving the vaccine or not receiving the vaccine. Employees may choose among five clinic locations, where they may receive the vaccine. All procedures are confidential.

Please complete this form and return it to Dan McCormick.

**NAME** \_\_\_\_\_  
(Please Print)

**PARK/WORKSITE** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

Please check off your division:

\_\_\_\_\_  LIFEGUARD

**Please check one option:**

\_\_\_\_\_ I am interested in receiving the Hepatitis B Vaccine. In deciding this option, I can still change my decision in the future, if I so choose.

\_\_\_\_\_ 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. [FR Doc. 91-28886 Filed 12-2-91; 8:45 am]

\_\_\_\_\_ I have already received the Hepatitis B Vaccine.

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**EMPLOYER REPRESENTATIVE** \_\_\_\_\_

**DATE** \_\_\_\_\_