

**Anastasia Care Services LLC  
HUMAN RESOURCES  
POLICY AND PROCEDURES**

**Hepatitis B vaccine**

O.S.H.A. regulation states that all health care professionals with occupational exposure to blood borne pathogens must be offered the hepatitis B vaccinations. You have been determined to be at risk to blood borne pathogens.

- A. I have already received the hepatitis B vaccine. \_\_\_\_\_
- B. I decline the hepatitis B vaccine. \_\_\_\_\_
- C. If interested with the hepatitis B vaccine, I may contact your healthcare provider in your County or your County Health Department.

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 informed of the option to be vaccinated with hepatitis B vaccine. 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 occupation exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.

Print Employee Name \_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Date: \_\_\_\_\_

P.S. Please sign this form and return to the office by faxing to: 610 675 2604 or mailing to; 4 Tower Bridge, 200 Barr Harbor Dr #400, Conshohocken, PA 19428.