



Oregon City School District—*Learning to be our Best.*
1417 12th Street, Oregon City, OR 97045
503-785-8000 office • 503-657-2492 fax
www.orecity.k12.or.us

Bloodborne Pathogens **Hepatitis B Vaccination Questionnaire**

Please complete all 3 sections prior to sending. Thank you!

Employee Name: _____ Employee ID #: _____

Building: _____ Job Title: _____

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- *Administrator/Supervisor—please check appropriate box and sign on one line only.*

“Occupationally **EXPOSED**” employee. _____ (supervisor sign)

“Occupationally **UNEXPOSED**” employee. _____ (supervisor sign)

OCCUPATIONALLY EXPOSED employee—please check one:

I have **decided to have** the Hepatitis B vaccination series at no cost to myself.

I have already **completed** the Hepatitis B vaccination series.

I currently **decline** to have the Hepatitis B vaccination series. *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.*

Employee Signature: _____ Date: _____

Please print and complete this page (in it's entirety).

Send to the District Health Secretary, c/o Special Services Department.

Questions? Please contact Health Services at 503.785.8400.