

**Oregon Military Department**  
**HEPATITIS B VACCINATION CONSENT**  
ECP/BBP Policy 99.200.03 Attachment H

\_\_\_\_\_  
Employee's Name OR#

Job Classification \_\_\_\_\_ Department/Site \_\_\_\_\_

I attended the bloodborne pathogens training session conducted by: \_\_\_\_\_ on  
\_\_\_\_\_ (date) and:

I understand that due to the possibility of occupational exposure to blood and other potentially infectious materials (OPIM) I may be at risk of acquiring Hepatitis B Virus (HBV) Infection.

I understand that a series of three injections of Hepatitis B vaccine is needed to become protected; however, sometimes additional doses are needed if the first series does not result in immunity.

I understand that there will be no cost incurred to me as a result of receiving the Hepatitis B vaccinations.

I understand that I will need a post-exposure evaluation if I have encountered an occupational exposure incident (specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM) even if I have received the Hepatitis B vaccination series. Also, I understand that I must report this incident to the Nurse Consultant (YCP) and/or my supervisor.

**(FOR WOMEN ONLY)** I understand that if I am pregnant, I am advised to consult with my private medical practitioner regarding the administration of Hepatitis B vaccine.

I have read and I understand the above information and wish to receive the Hepatitis B vaccination series (three doses). Also, I have no known sensitivity to yeast or any preservatives (i.e., thimerosal).

\_\_\_\_\_  
Employee Signature Date