

## APPENDIX FC2B

### HEPATITIS B VACCINE DECLINATION FORM

Risk Management  
& Safety

# Memo

To: City Employees with Occupational Exposure to Blood or Other Potentially Infectious Bodily Fluids

From: Peter Cheney, Safety Coordinator

Date: 12/07/2004

Re: HEPATITIS-B Vaccine

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The City of Spokane offers the Hepatitis B vaccine to employees who in the course of their work regularly come into contact with blood or other bodily fluids. The Hepatitis B vaccine prevents infection from the Hepatitis-B Virus.

Hepatitis-B is a common virus that once inside the body causes severe inflammation of the liver which may lead to cirrhosis or liver cancer. The virus lives in blood, semen, vaginal secretions or bodily fluids of infected carriers. The virus is transmitted to other people through the skin by way of cuts, open sores or scrapes, through the mucous membranes of the nose, eyes, or mouth, through sexual contact or through contact between an infected mother and child during birth or early infancy. The virus can survive more than 7 days in dried blood or on exposed surfaces. There is no known cure for Hepatitis-B.

There is a vaccine that can protect you against the disease. The vaccine is offered to you at no charge. The vaccine is given by three injections over a six month period of time. The health care provider issuing the vaccine will provide you with current information on the vaccine and its side effects during a health evaluation before providing the vaccination. The vaccination is considered safe, effective and has very few reported side effects.

Your position is identified as one with occupational exposure to blood or other potentially infectious bodily fluids. The City recommends you obtain your Hepatitis-B vaccine as soon as possible. Please do this by notifying your Supervisor. If you don't want the vaccine, State Law requires you to sign the Declination Form on the reverse side and turn it into your Supervisor or Risk Management. If declining, you may change your mind and get the vaccine at any time in the future.

Questions regarding this memo can be answered by calling 625-6221

# Hepatitis B Vaccine Declination Form

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

Facility Name: City of Spokane - Dept:

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

The City of Spokane has given me the opportunity to be vaccinated with the 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.

I have already received the hepatitis B vaccination series.

\_\_\_\_\_  
Employee's Name (Print)

\_\_\_\_\_  
Employee's Department (Print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Return this form to Risk Management if declining the vaccine.**