

**Oregon Department of Corrections
Offer/Declination of Hepatitis B Vaccination**

Attachment A
DOC Policy 20.6.7

To: All Department of Corrections Employees

Subject: Hepatitis B Vaccination

The Department of Corrections offers hepatitis B vaccination to every employee who may be at risk of an occupational exposure to blood or other potentially infectious material in accordance with OR-OSHA rules regarding blood borne pathogens. The following broad classification of Corrections employees have been determined to have a risk of occupational exposure to blood or other potentially infectious material:

- | | | |
|----------------------|-----------------------|------------------|
| Institution Security | Health Services | Physical Plant |
| Food Service Staff | Education Staff | Recreation Staff |
| Safety Manager | Staff who do Searches | |

If specific tasks in your job provide a risk of occupational exposure to blood borne pathogens and you are not included in the above classifications please discuss your concerns with your supervisor immediately and make arrangements to be included in the next vaccination clinic.

The vaccination consists of a series of three inoculations provided by the Department at no cost to Department employees. The vaccine is a synthetic compound in a yeast derivative. It is not a live virus vaccine. The first vaccination is given; the second follows 30 days later; the series is ended normally with the third vaccination six months from the date of the first. In the future if a booster is recommended by the U.S. Public Health Service it also shall be provided at no cost to the employee.

OR-OSHA and DOC policy requires that the Department of Corrections have on file a form indicating that you accept or decline the offer to be vaccinated.

COMPLETE AND CIRCLE YOUR CHOICE BELOW:

Print Name:	Employee OR No.:
Signature:	Date:
Functional Unit:	
Please Circle Either 1, (A, B, or C) to Decline or 2, to Accept	
<p>1. I DECLINE TO BE VACCINATED BECAUSE:</p> <ul style="list-style-type: none"> A. I have previously completed or started and intend to complete the HEP B Vaccination elsewhere. B. I understand due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring hepatitis B virus infection. I have been given the opportunity to receive this vaccination at no cost to myself; however, I decline to be vaccinated at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B. If in the future I want to be vaccinated, I can receive the vaccination series at no cost to me by notifying my supervisor and requesting to be scheduled for vaccination. C. I do not have a risk of occupational exposure to blood or other potentially infectious materials and decline to be vaccinated. 	
<p>2. I WANT THE HEPATITIS B VACCINATION OFFERED BY MY EMPLOYER AT NO COST. I ALSO AGREE TO COMPLETE THE VACCINATION SERIES IN THE APPROPRIATE TIME FRAME.</p>	

Return this form to: DOC - Human Resources - Records
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