



**HEPATITIS B VACCINE
EMPLOYEE SIGN-OFF FORM**

In accordance with 29CFR 1910.1030 and T.A. Woods Company's First Aid and Blood Borne Pathogens policy, Hepatitis B vaccine and the vaccination series is available to all employees how have occupational exposure risk(s) to coming in contact with blood borne pathogens.

Upon review of the possible occupational risk(s), please sign the desired statement below.

1. I believe that during the course of employment, specifically my assigned duties, I may have occupational exposure risk(s) to blood borne pathogens. I hereby request the above-referenced Hepatitis B vaccine and vaccination series.

Name

Date

2. I believe during the course of employment, specifically my assigned duties, I will not have occupational exposure risk(s) to blood borne pathogens. I hereby decline the above-referenced Hepatitis B vaccine and vaccination series.

Name

Date