



BLOODBORNE PATHOGEN FORM (Hepatitis B Form)

ATC OFFICE INSTRUCTION: This record is to be maintained in the Employee's Medical

File

I hereby certify that I have been informed by ATC HEALTHCARE SERVICES, INC., of the following:

- 1. OSHA guidelines regarding Bloodborne Pathogen regulation.
- 2. Training on Bloodborne Pathogens is provided by the Infection Control Self-Study Learning Module. If you have any questions about the contents of the materials presented, please contact a member of your local office's clinical staff. You may also contact registered nurses at ATC's Corporate level for answers and explanations. You may obtain names and phone numbers for registered nurses at the Corporate level from your local ATC office.
- 3. OSHA exposure classification (please check): CLASS I (Actual exposure) CLASS II (Potential exposure) CLASS III (No exposure)

Further, I hereby state that the following is a true statement of the status regarding the series of three (3) Hepatitis B Vaccinations: (Please mark the applicable box below):

Declination Statement: 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) infections. 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, ATC will refer me to a proper source so that I can receive the vaccination series at no charge to me.

I have received the series of three (3) vaccinations at the following facility(s) and on the following dates:

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____

I have been informed by ATC HEALTHCARE SERVICES, INC., of the facility at which I can receive the Hepatitis B Vaccinations Series and I will report to ATC in a timely manner, the name of the facility(s) and dates of each vaccination which will be documented on this form as follows:

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____

HCA Signature: _____ Title: _____

SS# _____ - _____ - _____ Date: _____

Authorization for Release of Medical Records for Post Exposure Evaluation and Follow -Up:

I hereby authorize ATC to release any and all of my medical records to the healthcare professional(s) providing post exposure evaluation and follow-up in accordance with OSHA Standard 29 CFR 1910.1030.

Healthcare Associate Signature _____ Date: _____

ATC Representative Signature _____ Date: _____