

Check ONLY if No Exposure to Human Blood or Body Fluids

Last Name:			First Name:		
Job Title:				Phone Extension:	X-
Department:				Date of Birth:	
Supervisor:				Home Telephone:	
Home Address:					
Instructor: <i>(Please Circle)</i>	Steven Jacobs	Ron Wallace	Robert Gottlieb	Other: _____	

I attended the training session on the OSHA Bloodborne Pathogen Standard. I have been given an opportunity for questions and answers with the person conducting the training. The following topics were included in the training session:

- A general explanation of the OSHA standard
- A general explanation of the epidemiology and symptoms of bloodborne diseases
- An explanation of how bloodborne diseases are spread
- An explanation of UConn Health's exposure control plan for the prevention of bloodborne diseases and how I can get a copy
- An explanation of work practices, engineering controls and personal protective equipment (e.g. gloves, gowns, masks, eye protection) that will prevent or reduce my contact with bloodborne diseases. The review included information on the protection each method can and cannot give
- Information on the types and proper use of personal protective equipment and where they are kept. Also, the proper ways to remove, handle, clean and dispose of protective equipment were reviewed
- An explanation of how to select the proper personal protective equipment for your work needs
- Information on the hepatitis B vaccine, including its effectiveness, safety, how the three shots are given, and the benefits of being vaccinated. I was told that the vaccine and the vaccination are offered free of charge to potentially exposed employees. If I do not want to receive vaccine at this time I must sign a prepared declination
- Information on what to do and who to call in an emergency involving blood or potentially infectious materials
- An explanation of the procedure to follow if I have an exposure, how I should report the accident and the medical care that I can expect to be given
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs, labels and color coding used to identify biohazardous material
- An explanation of the special requirements for HIV/HBV research and production laboratories

Employee Signature

Date

A. Hepatitis B Vaccine Declination

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) infection, 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, I can receive the vaccination series at no charge to me.

Employee Signature

Date

B. Hepatitis B Vaccine Acceptance

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) infection. I would like to receive hepatitis B vaccine at this time.

Employee Signature

Date

C. Immune to Hepatitis B

I received three doses of hepatitis B vaccine in _____ (year).

I (check one) did did not have a blood test to confirm the presence of surface antibodies after vaccination.

I have natural immunity to hepatitis B.

Employee Signature

Date