

Bluegrass Community and Technical College Interdisciplinary Early Childhood Education Program

In order to comply with OSHA's Blood Borne Pathogen Standard's Hepatitis B immunization requirement:

I understand that due to my possible exposure to blood or other potentially infectious materials during my educational program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed that I can elect to receive the hepatitis B vaccination prior to entering any child care, public, or private education setting for the Interdisciplinary Early Childhood Education program.

Sign either 1 or 2 below:

1. I understand that by declining this recommendation to take the hepatitis B vaccine, I may be at risk of acquiring Hepatitis B, a serious disease. If I choose to take the vaccine at a later date, I will furnish proof of my vaccination.

I decline to take the vaccine at this time.

Name _____ **Date** _____

2. I have had the hepatitis B vaccination and will submit proof of the vaccination.

Name _____ **Date** _____