

**ST. LUCIE PUBLIC SCHOOLS
BLOODBORNE PATHOGENS STANDARD TRAINING PROGRAM**

Directions: This form contains three sections that require your attention after you have viewed the BLOODBORNE PATHOGENS STANDARD TRAINING PROGRAM (Infection Control) video. Please respond as appropriate and return all copies of the form to your administrator/supervisor or designee; the form should then be forwarded to Risk Management.

CERTIFICATE OF ATTENDANCE

I, the undersigned, have completed the St. Lucie Public Schools BLOODBORNE PATHOGENS STANDARD TRAINING PROGRAM (Infection Control).

As part of this training, I have watched a video presentation and received instructions in UNIVERSAL PRECAUTIONS. The training has instructed me in specific provisions of the STANDARD pertaining to my duties and informed me that the EXPOSURE CONTROL PLAN is available at St. Lucie Public Schools Risk Management Office. I further understand that I may obtain a written copy of the PLAN by requesting a copy, in writing, from Risk Management and that other questions pertaining to this program can be answered by calling the District Health Services Coordinator at 429-4536 or the Risk Management Specialist at 429-7696.

Printed Name

Signature

Date

HEPATITIS B VACCINATION ACCEPTANCE

I understand that the vaccine should not be given to anyone that is immunocompromised, allergic to yeast or any other component of the vaccine, or to pregnant women or nursing mothers unless clearly necessary. Relative contraindications include any serious active infection, severely compromised cardiopulmonary function, or any person to whom a febrile or systemic reaction could cause a serious health risk. I certify that, to the best of my knowledge, I do not have any of the above listed conditions, have been informed of the potential risks and benefits of the HBV vaccination, and request to receive the Hepatitis B vaccination. I understand that I must have 3 doses of the vaccine to obtain immunity, and that I will be advised of the time, date, and location for my first vaccination as soon as a schedule is developed.

Signature

Site

Date

HEPATITIS B VACCINATION REFUSAL

THE FOLLOWING MUST BE SIGNED BY THE EMPLOYEE IF HEPATITIS B VACCINATION IS REFUSED.

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 want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signature

Site

Date