



Northeast Higher Education District

Member of Minnesota State Colleges and Universities

Per OSHA guidelines the Northeast Higher Education District Blood Borne Pathogen written program indicates a hepatitis B vaccination series is provided at no cost for all employees who have occupational exposure to blood or other potentially infectious material.

You are receiving this notice as you have been deemed to be within a work group that has the potential for exposure to hepatitis B. Attached is a decline or accept option form. Also, along with this option form is a vaccine information sheet from the U.S. Department of Health and Human Services that explains the facts on the risks and benefits of the hepatitis B vaccination.

Please complete the Hepatitis B Vaccination Acceptance or Declination option form and return to:

Hibbing Community College
Human Resources Department
Attn: Juanita Sistad
1515 East 25th Street
Hibbing, MN 55746
Or scan and e-mail to juanitasistad@hibbing.edu

If you accept to receive the vaccination series please follow the directions on the back of the accept or decline form. You can find the Blood Borne Pathogen Written Program at <http://www.nhed.edu/assets/files/PDF/NHED%20BBP%20Written%20Program.pdf>

Please do not hesitate to call me at 218-749-7743 if you have any questions. Thank you for your cooperation in ensuring Northeast Higher Education District remains a healthy work environment for everyone.

Sincerely,

A handwritten signature in cursive script that reads "Carmen Bradach".

Carmen Bradach
Chief Human Resources Officer, NHED



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Hepatitis B Vaccination Acceptance or Declination

This form is offered in accordance with OSHA's Bloodborne Pathogen Standard 1910.1030

HEPATITIS B VACCINE – ACCEPTANCE

I WANT TO RECEIVE the Hepatitis B Vaccine. I understand it is my responsibility to follow the instructions on the back of this form to arrange an appointment for the vaccination. I have read and have had explained to my satisfaction, the administration of the vaccine including the risks, benefits and possible adverse effects associated with the vaccine.

Name (Please Print)

Signature

Date

HEPATITIS B VACCINE – DECLINATION

Please sign if you DO NOT want to receive the vaccine at this time.

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.

Name (Please Print)

Signature

Date

**Return this form to: Hibbing Community College, Attn: Juanita Sistad,
1515 East 25th St, Hibbing, MN 55746**

**If you accept to receive the vaccination, please see reverse side
for instructions.**

Hepatitis B Vaccination Instructions

The hepatitis B vaccination is a series of three shots administered over approximately a six month period.

If you accept the Hepatitis B vaccination please make an appointment at the appropriate clinic. When you arrive at the clinic, let them know that you are with the college you work at and that it should be billed to that college.

***NOTE:** Do not give the clinic your insurance information. This is a direct billing to the college of your employment.

Itasca Community College

Meridian Clinic (Essentia)
1542 Golf Course Road
Grand Rapids, MN 55744
218-999-7000

Mesabi Range College

Laurentian Medical Clinic
8373 Unity Drive
Virginia, MN 55792
218-748-7480

Hibbing Community College

Fairview Job Care
1200 East 25th Street
Hibbing, MN 55746
218-312-3017

Vermilion Community College

Essentia Health
300 West Conan Street
Ely, MN 55731
218-365-7900

Rainy River Community College

Work with Emily Ahrens
Business Manager, RRCC
218-285-2203

Please provide Human Resources with any medical documentation you receive from the healthcare professional in regards to this vaccination process.