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: NHED Human Resources, Attn: Kerri Dahl, 1001 W Chestnut St, Virginia, MN 55792

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.

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

**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
218-749-7480

**Rainy River Community College**
Work with Emily Ahrens
Business Manager, RRCC
218-285-2203

**Vermilion Community College**
Essentia Health
300 West Conan Street
Ely, MN 55731
218-365-7900

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