

Medical Staffing Partners, Inc.

Partnership Equals Solutions

Hepatitis B Vaccination

In compliance with OSHA, Medical Staffing Partners, Inc. will provide you the opportunity to receive the Hepatitis B vaccination based upon your response to the following:

- 1) If you have completed the vaccination series, please indicate below.
- 2) If you are in the process of receiving the series, please indicate below. Please indicate if you require a dose of the vaccine while working on an assignment with Medical Staffing Partners, Inc.
- 3) If you decline to have the Hepatitis B vaccination, indicate below.

Choose the appropriate response from the options below and sign and date where indicated:

I understand the OSHA guidelines and (please check the appropriate box(es))

I have received and completed the vaccine series on / /
(please send proof of vaccination)

I need # or booster, in the series (please contact Medical Staffing Partners, Inc.)

I decline the Hepatitis B vaccine series. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B. If, as a continued employee of Medical Staffing Partners, Inc., I want to be vaccinated with Hepatitis B vaccine I can receive the vaccination series at no charge to myself while on assignment with Medical Staffing Partners, Inc.

Electronic Signature:

By typing or signing your name here you are certifying that you have read and understand fully the safety instructions and your responsibilities required in order to maintain safety in the workplace.

HIPAA Privacy Compliance

Please review HIPAA Privacy Compliance information at the U.S. Department of Health and Human Services site:
<http://www.hhs.gov/ocr/hipaa/>.

Electronic Signature:

By typing or signing your name here you are certifying that you have read and understand fully the HIPAA Privacy Compliance Act.

OSHA Bloodborne Pathogens

Please review OSHA: Bloodborne Pathogens information at the following U.S. Department of Labor site:
<http://www.osha.gov/SLTC/bloodbornepathogens/index.html>

Electronic Signature:

By type or signing your name here you are certifying that you have read and understand fully the OSHA: Bloodborne Pathogens information