

# Medical Staffing Partners

## Hepatitis B Vaccination

In compliance with OSHA, Medical Staffing Partners 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
- 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....

\_\_\_\_\_ I have received and completed the vaccine series \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (please include 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, 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. I accept the responsibility to inform Medical Staffing Partners, Inc. of this decision at that time.

By signing the following you affirm:

- 1) I have been provided with general educational materials regarding exposure to blood borne pathogens as required by OSHA regulations.
- 2) I understand that I will be provided appropriate training at my assigned workplace, and I will adhere to the policies and procedures of the facility to which I am assigned by Medical Staffing Partners, Inc.
- 3) I understand that due to my occupational exposure to blood and/or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV). I have been given opportunity to be vaccinated with Hepatitis B vaccine, at no cost to me, while on active assignment with Medical Staffing Partners, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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651-407-0300

[www.medicalstaffingpartners.com](http://www.medicalstaffingpartners.com)

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