



Hepatitis B/HIV Consent/Waiver Form

Employee Name:	Date:
Position/Location:	

HIV/Hepatitis-B Training is required under RCW 70.24.90 and as defined in WAC Chapter 392-198 specifies that all newly hired district employees shall receive prescribed HIV/Hepatitis-B training within six (6) months from the first day of employment.

<input type="checkbox"/>	I need HIV/Hepatitis-B Training
<input type="checkbox"/>	I have received HIV/Hepatitis-B Training (Attached is a copy of my certificate of completion.)

Additionally, employees who have “reasonably anticipated exposure risk to HIV/Hepatitis-B must be identified and given the opportunity for immunization. Such identified employees must also participate in an annual refresher training course.

In the Chimacum School District those employees may include:

- Building secretaries and educational assistants who administer first aid to students and staff.
 - Staff whose primary duty involves providing physical care for students requiring specific tasks such as: diapering and/or personal hygiene care in students with menses, medically invasive type techniques, such as tubal feedings and wound or lesion care.
 - Athletic Coaches
 - Custodial or Maintenance Staff
- I understand a series of three injections of Hepatitis B vaccine is needed to become protected. I also understand that occasionally more vaccine is needed if the first series does not result in immunity.
 - If I do not become protected by receiving the vaccine, or if I choose not to receive the vaccine at this time, I understand that I will need post-exposure treatment if I have direct contact with blood or other body fluids while at work.
 - 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, if I decline the Hepatitis B vaccine at this time, 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.

I have read and understand the above information and:

I wish to receive the Hepatitis B vaccine series at this time

I Do NOT wish to receive the Hepatitis B vaccine series at this time

Employee Signature:	Date Signed:
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