

California State Polytechnic University, Pomona
Office of Environmental Health and Safety

EH&S Office Use Only

Exposure Control Plan
Employee Certification Form

Employee Name: _____

Bronco ID: _____

Department: _____

Extension: _____

☐ **ELECTION** (complete this box *ONLY* if you wish to participate in the vaccination program)

I understand that due to my occupational exposure to blood or other potentially infections 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. I choose to accept the hepatitis B vaccination and by electing to have the vaccination, I am also stating that I am not pregnant, nursing or known or suspected to be allergic to the vaccine and are voluntarily choosing to be vaccinated.

☐ **DECLINATION** (complete this box *ONLY* if you wish to **NOT** participate in the vaccination program)

I understand that due to my occupational exposure to blood or other potentially infections 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 to receive the hepatitis B vaccination at this time. I understand that by declining this vaccine, I will continue to be at risk of acquiring hepatitis B however, should I wish to receive the vaccine in the future, I can receive the vaccine at no charge to me by contacting Environmental Health and Safety at (909) 869-4697.

☐ ☐ *I have already received the vaccination series for hepatitis B*

Acknowledgement:

By signing below, I acknowledge that I am completing this form on behalf of myself, I have been provided with a copy of the University's Exposure Control Plan (also referred to as Bloodborne Pathogens) and applicable training resources; I have read and understood these materials; agree to follow the procedures identified within; and have had the opportunity to ask questions.

- ☐ [Exposure Control Plan](#)
- ☐ [Bloodborne Pathogens Training](#)

Employee Signature_____
Date_____
Supervisor Signature_____
Date_____
Environmental Health and Safety Manager_____
Date