Bluegrass Community and Technical College
Interdisciplinary Early Childhood Education Program
Hepatitis B Form

In order to comply with OSHA’s Blood Borne Pathogen Standards
Hepatitis B immunization requirement:

I understand that due to my possible exposure to blood or other
potentially infectious materials during my educational program, I may
be at risk of acquiring Hepatitis B virus (HBV) infection. I have been
informed that I can elect to receive the Hepatitis B vaccination at my
own expense prior to entering any child care, public, or private
education setting for the Interdisciplinary Early Childhood Education
program.

**Sign either 1 or 2 below:**

1. I understand that by declining this recommendation to take the
Hepatitis B vaccine, I may be at risk of acquiring Hepatitis B, a serious
disease. If I choose to take the vaccine at a later date, I will furnish
proof of my vaccination.

**I decline to take the vaccine at this time.**

Name_____________________________ Date ________________

2. I have had the Hepatitis B vaccination and the proof is attached.

Name _______________________________ Date ________________