

Name \_\_\_\_\_

Job Classification \_\_\_\_\_

Training Date \_\_\_\_\_

Department \_\_\_\_\_

**TRAINING:** I hear by certify that I have received training in bloodborne pathogens exposure control. This training included providing me a copy of the BBP Exposure Control Standard, and an explanation of the following: OU's Exposure Control Plan and how to obtain a copy; details regarding transmission, signs, symptoms, and prognoses of common BBP viruses (i.e., HBV, HCV and HIV); common methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious material (OPIM), including what constitutes an exposure incident, the use and limitations of engineering controls, work practices and personal protective equipment (PPE); the types, uses, location, removal, handling, decontamination and disposal of PPE; the basis for PPE selection; the hepatitis b vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine is offered free of charge under certain circumstances; the appropriate actions to take and persons to contact in an emergency involving blood or OPIM; the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available, information on the post-exposure evaluation and follow-up that OU is required to provide me following an exposure incident; the signs and labels and/or color-coding required by the BBP Standard and OU. I further certify that I was provided ample opportunity for interactive questions and answers with the person(s) conducting the training session.

The training was provided to me by "qualified" personnel as follows: General information regarding BBP viruses and exposure control was provided to me by OU's Environmental Health and Safety Office, either in person or via a handout generated by EHS and provided me by my supervisor. This EHS training staff has had extensive formal training in, and experience with, interpreting and implementing the BBP Standard, and designing and providing training in this area. Site-specific information, regarding BBP exposure control in my department as it relates to the occupational activities I perform, was subsequently provided me by my supervisor (who received his/her guidance, training and handouts directly from the EHS Office).

**HEPATITIS B VACCINATION:** While the HBV vaccine is well tolerated by most people, and provides significant protection against acquiring HBV-related illnesses, vaccination has some inherent risks (including, but not limited to, swelling, reddening, post injection soreness, body fatigue, headache, muscles or joint soreness), as well as some medical contra-indications (including, but not limited to, high blood pressure, allergies to yeast/mold, pregnancy), so I understand that my health care professional (in conference with myself) shall decide and document whether it is safe for me to obtain the HBV vaccination.

I have read each option below and understand each of them. I have selected ONE option by placing a ✓. I also understand that I may change my mind at any time. Finally, if I select option 2 below, I understand that I must also complete a SEPARATE Hepatitis B Declination Form.

**Option 1:** \_\_\_\_\_ I would like to have OU pay for my HBV vaccination series; I understand that MIOSHA requires me to begin the immunization process within 10 calendar days of accepting this vaccination.

**Option 2:** \_\_\_\_\_ I declined to have OU pay for my HBV vaccinations because (place a ✓ in the appropriate blank below).

a) <input type="checkbox"/> I have already been immunized; OR	b) <input type="checkbox"/> I would like OU to pay for the antibody test (i.e., "titer") performed before deciding; OR
c) <input type="checkbox"/> cost of said immunization is 100% funded by another source (e.g., medical insurance); OR	d) <input type="checkbox"/> personal reasons

**I understand that if I select this option, I must also complete a SEPARATE Hepatitis B Declination Form.**

**Option 3:** \_\_\_\_\_ Based on my OU job classification (identified above), my "PRIMARY" occupational duties do not present "reasonably anticipated exposure to blood or OPIM", and I am therefore not eligible to receive "pre-exposure" hepatitis b vaccination funding. I understand, however, that should I be involved in any occupational incident that involves human blood or OPIM (regardless of whether "exposure" occurs), I am then eligible to receive (at no cost) an accelerated series of hepatitis b vaccinations, which should begin within 24 hours, but up to 7 calendar days, after the incident. Note: Those who are required, encouraged and/or allowed to provide first-aid on campus as a "collateral" job responsibility (e.g., athletic coaches) who select this option.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

[Requires signature of Legal Guardian if under age 18 – print words "legal guardian" next to signature if applicable.]