



# Hepatitis B Vaccination Form

Employees whose work involves administering First Aid are at risk for occupational exposure to bloodborne pathogens including but not limited to Hepatitis B Virus, Hepatitis C Virus and Human Immunodeficiency Virus (HIV). In order to reduce or eliminate the risk of acquiring an infection, workers must follow safe work procedures, attend training sessions, wear appropriate Personal Protective Equipment (PPE), and follow post-exposure protocols. It is also recommended that all workers at risk for occupational exposure to blood and body fluids receive vaccination against Hepatitis B.

**Hepatitis B immunization reduces the risk of contracting the virus.** Hepatitis B is a virus that attacks the liver. It can cause serious diseases including permanent liver damage (cirrhosis) and is also the main cause of liver cancer, which can be fatal.

Direct contact with infected blood in the role as a first aid attendant can transmit the Hepatitis B Virus through:

- Punctures of the skin with blood-contaminated needles, lancets, scalpels or other sharp objects.
- Splashes to skin bearing minute scratches, abrasions, burns or even minor rashes.
- Splashes to mucous membranes in the mouth, nose or eyes.

[WorkSafeBC Regulation 6.39](#) requires that the employer offer without cost to the worker, vaccination against Hepatitis B Virus to all workers who are at risk of occupational exposure to that virus. **It is therefore required that you reply to this offer of vaccination by completing this form in its entirety.**

LEGAL NAME:	EMPLOYEE ID:
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Please complete **ONE** section below (A: Sign-Up Form -OR- B: Decline Participation)

## **Section A: Sign-Up Form**

Signing up for participation in the Hepatitis B Vaccination Program means that the UBC Occupational & Preventive Health Unit (O&PH) will:

- Review your vaccination history
- Check your immunity status through bloodwork to make sure you develop protective antibodies to Hepatitis B
- Provide any required vaccination(s)

Hepatitis B Vaccine is given in a 3-dose series of shots. Some people may have received the Hepatitis B Vaccine in grade school. Hepatitis B Vaccine has been part of the BC Vaccine Program since 1981. If this is true for you, and given your role as a first aid attendant, we will still need to check your immunity status

Return completed form to O&PH by email or fax



through bloodwork to ensure you have developed protective antibodies to Hepatitis B Virus as some people may not respond to the initial series or some may require a booster vaccine.

BIRTHDATE (MM/DD/YYYY):	GENDER:	BC CARE CARD:
EMAIL:	HOME ADDRESS:	
PHONE:	JOB TITLE:	

Please provide O&PH with a copy of your Hepatitis B Vaccination records. You may find these records by contacting your family doctor, travel clinic, or the public health agency in the community you attended school. If you are unable to obtain paper records, try to find out from your parents/guardians if you received Hepatitis B Vaccine in the past.

Country of Birth:	Date moved to Canada (if applicable):		
Did you complete your primary course of vaccinations in childhood? (These are vaccines usually given in infancy or early childhood.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNSURE
Have you had <b>Hepatitis B Vaccine</b> in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNSURE
<b>DATES OF HEPATITIS B VACCINE (MM/DD/YYYY)</b>			
Dose#1: _____ Dose#2: _____ Dose#3: _____			
<input type="checkbox"/> I am including a copy of my paper records			
<input type="checkbox"/> I do not have paper records but have verbal confirmation of these exact/approximate dates			

**If you have any questions, please contact O&PH at 604-827-4713 or [whs.info@ubc.ca](mailto:whs.info@ubc.ca) or your family doctor.**

**Section B: Decline Participation**

I have read the information above and understand that my assigned duties may involve a risk of exposure to Hepatitis B Virus through blood transmission. I understand that UBC is offering me Hepatitis B Vaccine at no cost as per WorkSafeBC requirements and I am hereby decline receiving the vaccination and corresponding screening for antibody response.

<b>SIGNATURE:</b>	<b>DATE:</b>
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