

# TRAINING CERTIFICATION FORM

## (Bloodborne Pathogen Exposure Plan)

The signature below attests that on \_\_\_\_\_, I viewed the training video on the OSHA Bloodborne Pathogen Standard provided for all employees by the North Central Ohio Educational Service Center.

The signature below attests that I completed an OSHA Bloodborne Pathogen Standard training program at/through \_\_\_\_\_ (location) on \_\_\_\_\_ (date).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
County Office Verification Signature  
(Superintendent or Designated Employee)

\_\_\_\_\_  
Employee Name – Please Print

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Date

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### HEPATITIS B VACCINATION

I have watched the presentation on the risks of acquiring the Hepatitis B virus infection and:

**(Please Check One)**

\_\_\_\_\_ **Yes**, I would like to receive this vaccination. Reimbursement **IS NOT** guaranteed for regular employees. Please contact Deborah Karcher at 419-447-2927 **PRIOR** to receiving injections to see if you are eligible for reimbursement.

I am aware that the NCOESC **does not** cover the cost for substitute employees unless an incident occurs.

\_\_\_\_\_ No, I am not interested in obtaining this vaccination at this time and **Have signed the declination form on the back of this page.**

\_\_\_\_\_ I have received the HBV series on the following dates: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Please send copy to the following school districts: \_\_\_\_\_

\_\_\_\_\_

**APPENDIX G**  
**MANDATORY for those who decline**

(According to the OSHA standard, all employees refusing Hepatitis B vaccination are required to sign the following mandatory declination form. No words may be subtracted or added from this declination.)

**HEPATITIS B VACCINE DECLINATION FORM**

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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, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, 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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_