

**Blood Borne Pathogens Statement  
For Camp Staff (Paid and Volunteer)**

According to our "Blood borne Pathogens Exposure Control Plan" the following job classifications have been determined to have an occupational exposure to blood or other potentially infectious material: Camp Health Officer, Lifeguard. All other job classifications may have an occupational exposure .

I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B virus (HPV) infection and for any resulting medical condition. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself, up to the standard health department fee for this vaccination.

I understand my rights under this policy:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Please also sign one of the statements below:**

I have already received Hepatitis B vaccination. Date of immunization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I wish to be vaccinated according to this policy. I can arrange for and receive the vaccination and understand that I am responsible for submitting receipts for reimbursement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_