

PI Name: _____

ECP: Personnel Statement

I have read and understood the material contained in the Exposure Control Plan. I understand the risks and risk mitigation strategies associated with working the potentially infectious materials utilized in this laboratory. I have received appropriate training for the materials in use. I will comply with recommended precautions and lab safety work practices.

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. By signing my initials below, I indicate that I have/have not received the hepatitis B vaccination. I understand that if I have declined 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.

I understand that due to my occupational exposure to human pathogens I may be at risk of acquiring _____ (name of agent). I have been given the opportunity to be vaccinated at no charge to myself. By signing my initials below, I indicate that I have/have not received the vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring this pathogen. If in the future I continue to have occupational exposure to human pathogens and I want to be vaccinated, I can receive vaccination at no charge to me.

Name *Please type or print*	Signature	I have received the <u>hepatitis b</u> vaccine	I am declining the <u>hepatitis b</u> vaccine	I have received the _____ vaccine	I am declining the _____ vaccine	Date

PLEASE INITIAL TO INDICATE RECEIPT OR DECLINATION OF APPROPRIATE VACCINATION(S)