

Appendix F
Bloodborne Pathogens Employee Exposure
Determination/Training/HBV Vaccination Record

**BLOODBORNE PATHOGENS
EMPLOYEE EXPOSURE DETERMINATION/TRAINING/HBV VACCINATION RECORD**

(Circle Employee Type)

Playground Supervisors Nurses First Aid Providers Special Education Teachers Coaches
Bus Drivers Athletic Staff Clerical Staff Teachers Others With Exposure Potential

Name of Employee	Position	Exposure Determination Y/N	At Risk Y/N	In Service Training Session Materials Provided (Date)	In Service Training Session Provided (Date)	Hepatitis B Vaccination Offered (Date)	Hepatitis B Vaccination Accepted* Y/N (Date)	First Injection (Date)	Second Injection (Date)	Third Injection (Date)	Comments

Completed by: _____
Name Title Date

(Employees who decline vaccination must sign mandatory “Employee Hepatitis B Declination” (Appendix C))