BLOODBORNE PATHOGENS EMPLOYEE EXPOSURE DETERMINATION/TRAINING/HBV VACCINATION RECORD

(Circle employee type)

me of Employee	Position	Exposure Determination (Y/N)	n At risk (Y/N)	In Service Training Materials Provided (Date)	In Service Training Session Provided (Date)	Hapatitis B Vaccination Offered (Date)	Hepatitis B Vaccimation Accepted* (Y/N Date)	First Injection (Date)	Second Injection (Date)	Third Injection (Date)	Comment
		<u> </u>									
						1] : 	·
	_		·								
ì					······································						
										·	
·											
					 		ļļ.				
!											. <u></u> .