



Employment Information: Employee Information, Bloodborne Pathogen Course Certification, and Hepatitis B Vaccine Confirmation

This form, pursuant to Section 3-303 of the Tri-County Health Department (*TCHD Rules and Regulations for Body Art Establishments (BA-16)*), may be used to document the employment records required. The following information on each employee of a Body Art Establishment shall be on file and available for inspection by TCHD at all times during operating hours:

Employee full legal name: _____

Employee identifier name (i.e. Nickname), if applicable: _____

Employee home address: _____

Employee home phone number: _____

Date of hire: _____

Bloodborne Pathogen Course (BA-16, Section 2-201):

- I will be handling sharps and/or infectious waste as a requirement of my job duties. I have completed a bloodborne pathogen course approved by TCHD and have attached a valid and current blood borne pathogen course certificate.

Hepatitis B Vaccine (BA-16, Section 2-201):

- I will be handling sharps and/or infectious waste as a requirement of my job duties. I have previously been vaccinated for Hepatitis B. I have attached proof of my current HBV status.
- or**
- I will be handling sharps and/or infectious waste as a requirement of my job duties. I have been offered the Hepatitis B vaccination series as a pre-employment requirement, and I decline the Hepatitis B vaccination series. I fully understand the risks involved in working in a body art establishment, and accept the risks of contracting Hepatitis B in this work environment.

Employee Signature _____

Date _____