

**Advanced Healthcare Professionals, Inc. 慈心家庭看护中心**

Employee Name (受雇方名) : \_\_\_\_\_ Date (日期) : \_\_\_\_\_

**HEPATITIS B NOTIFICATION ACCEPTANCE 接种乙肝疫苗的相关通知**

Because of my occupational exposure to blood or other potentially infectious materials, and my possible risk of acquiring the Hepatitis B virus (HBV), it is my wish to receive the vaccination series offered by the Agency. I understand there will be no charge to me for this series of injections. I am aware, and signify by my signature at the end of this application, that the Agency will monitor the administration of this vaccination series to me. 由于本人职业原因, 会接触到血液或其他潜在感染源, 因此很有可能感染乙肝。本人自愿接受慈心家庭看护中心提供的免费乙肝疫苗接种。

**HEPATITIS B NOTIFICATION DECLINATION 拒绝接种乙肝疫苗的相关通知**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand 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 want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination at no charge to me. 本人十分清楚由于本人职业原因, 会接触到血液或其他潜在感染源, 因此很有可能感染乙肝。同时, 慈心家庭看护中心免费提供给本人接种乙肝疫苗的机会。但, 本人拒绝此次乙肝疫苗接种。鉴此声明, 我清楚我将在可能感染乙肝病毒的高风险环境下继续工作; 若今后我想接种乙肝疫苗, 慈心家庭看护中心仍会免费为我提供乙肝疫苗。

**TUBERCULOSIS FACT SHEET FOR EMPLOYEES 员工结核病情况说明书**

(Presented during orientation and training)在入职培训期间出具此说明书

The following criteria are utilized to identify if an employee has potential tuberculosis (TB). The criteria is also utilized to determine if an employee needs another chest x-ray. 以下标准适用于鉴别员工是否患有潜在肺结核病, 同时也可适用于决定员工是否需要再进行胸部X光扫描。

Detection of employees who may have active tuberculosis are based on the following criteria:

以下标准用于识别员工是否患有活动性结核病:

- 1) Potential Active Symptoms 潜在活动性症状
  - A. Chronic Cough (3 or more weeks) 持续三周或以上的慢性咳嗽
  - B. Production of Sputum 有痰
  - C. Blood Streaked Sputum 痰中带血
  - D. Unexplained Weight Loss 不明原因的体重下降
  - E. Fever 发烧
  - F. Fatigue/Tiredness 乏力、疲倦
  - G. Night Sweats 夜间盗汗
  - H. Shortness of Breath 胸闷气短
- 2) Groups with a higher prevalence of TB Infection 患结核病的高危人群

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- A. Medically underserved population 生活在医疗水平低下地区的人群
- B. Homeless individuals 流浪汉
- C. Current or past prison inmates 监狱囚犯或曾入狱过的人
- D. Alcoholics 酗酒者
- E. Intravenous Drug Users 静脉注射吸毒者
- F. Elderly people 老年人
- G. Foreign born people from Asia, Africa, the Caribbean and Latin America 出生在亚洲、非洲、加勒比地区或拉美地区的人群
- H. People in close contact with TB-infected individuals 与结核病人有亲密接触的人
- I. Individuals with HIV infection, silicosis, S/P gastrectomy or jejunum-ileal bypass (weight loss) surgery greater than 10 pounds, below normal body weight, chronic renal failure, diabetes mellitus, immunosuppressed due to medications, and those with some malignancies. 艾滋病毒携带者、矽肺患者、接受了S/P胃切除术或小肠绕道术（可减重多达10磅的一种减肥手术）而低于正常体重的人群、慢性肾功能衰竭者、糖尿病患者、由药物所致的免疫功能不全者以及患有恶性肿瘤的人群
- J. Individuals who have been infected within the past 2 years and individuals with fibrotic lung disease on their chest x-ray. 在过去两年中感染过肺部疾病的人群以及胸部X光发现有肺部纤维化的病人

I have read the Tuberculosis fact sheet and the Hepatitis B Vaccination forms. I **Accept** **Decline** the vaccination.

本人已阅读并清楚了乙肝疫苗的通知。本人接受 不接受 乙肝疫苗。

I have reviewed and understood the signs and symptoms of TB. I am not experiencing any symptoms of TB as discussed above. I also understand that if I am experiencing any of the above symptoms, I am to report to management immediately.

本人已阅读并清楚了结核病的症状表现。本人并无上列任何结核病症状。若现在发现有上列任何一项症状，我必须立刻向管理部门报告。

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Employee Signature

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Date