

FAA 3900-41, Hepatitis B Virus (HBV) Vaccination Consent/Declination Form

Privacy Act Statement (5 United States Code (U.S.C.) § 552a, as amended):

Authority: Executive Order (EO) 12196, titled Occupational safety and health programs for Federal employees and Occupational Safety and Health and the Department of Labor's (OSHA) 29 Code of Federal reference (CFR) Part 1910.1030 Appendix A, titled Hepatitis B Vaccine Declination (Mandatory) provide legal authority for the establishment of the collection of personally identifiable information and medically sensitive information, and authorizes the FAA to collect this information.

Purpose(s): The FAA will use the information provided in support of the Office of Personal Management (OPM/GOVT 10) Employee Medical File System (EMFS) to provide a written method to collect the individual's consent to obtain the HBV vaccination and the associated record data or their declination of the vaccination as required by 29 CFR Part 1910.1030. To ensure that records required be retained on a long-term basis to meet the mandates of law, EO, OSHA and the Office of Workers' Compensation Programs (OWCP) regulations. To provide data necessary for proper medical evaluations and diagnoses, to ensure that proper treatment is administered, and to maintain continuity of medical care. To provide an accurate medical history of the total health care and medical treatment received by the individual as well as job and/or hazard exposure documentation and health monitoring in relation to health status and claims of the individual.

Routine Use(s): In accordance with OPM/GOVT 10 EMFS, the information provided may be disclosed to a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease. To disclose to a requesting agency, organization, or individual the home address and other information concerning those individuals who it is reasonably believed might have contracted an illness or been exposed to or suffered from a health hazard while employed in the Federal workforce. To ensure the required records are retained on a long-term basis to meet the mandates of law, EO, or regulations. For processing actions related to the management and retrieval of FAA Occupational Medical (FAA Occ Med) records as required by OSHA regulation 29 CFR. 1910.1020, the FAA Exposure Control Plan (ECP), and OPM regulations 5 CFR. 293.501-511.

Disclosure: Provision of the requested information is voluntary; however failure to furnish the requested information may result in an inability of the Department/FAA to provide employees the HBV vaccination consent/declination opportunity as required by OSHA regulation. Failure to provide all of the required information may result in delays in processing the form.

Instructions for Completing Form FAA 3900-41

Form Availability. This Form FAA 3900-41 is available on the FAA Forms website.

https://employees.faa.gov/tools_resources/forms/.

Form Purpose. Form FAA 3900-41, Hepatitis B Virus (HBV) Vaccination Consent/Declination Form is issued by the FAA Occupational Medical (Occ Med) and BBP Programs (Designated Agency Safety and Health Official (DASHO) Support Group, AJW-25), and is required by the FAA Exposure Control Plan (ECP). The FAA BBP Program provides the technical program management and the FAA Occ Med Program provides the recordkeeping functions. This Form has three purposes:

1. Document an employee's consent or declination when the employee has been offered the opportunity to receive the HBV Vaccination.
2. For employees who consent, this document is provided to the Physician or other Licensed Health Care Professional (PLHCP) for their determination as to the appropriateness of providing the HBV Vaccination to the employee. This document is also for the PLHCP to record information on the HBV vaccination shot(s) the FAA employee receives.
3. Once completed this form is an Occ Med record. The employee must be provided a copy of the completed Form FAA 3900-41 and the original or scanned copy placed into the Employee Medical Folder (EMF) after the exposure investigation completion. EMFs are maintained by the FAA Occ Med Program, AJW-23 and are part of the Employee Medical File System (EMFS), physically located within the Regional Office in Atlanta, Georgia.

Note: Most information requested on the FAA Form 3900-41 is required to process the employee's request. Incomplete information will impede effort and will require an FAA Occ Med Program Records Clerk (Records Clerk) to contact you by telephone to verify information to confirm missing information. Previously completed forms do not need to be resubmitted if on file with the FAA Occ Med Program, unless the employee has decided to consent to the HBV vaccination when previously the employee had declined the HBV vaccination.

Section A. Understanding Reason(s) for Receiving the HBV Vaccination.

1. Employees receive the Consent/Declination Form if they are identified as Category 1 (mandatory) or Category 2 (after an exposure incident) employees. Only employees identified by a Frontline Manager/Supervisor as a Category 1 or 2 employee are authorized to complete this Form FAA 3900-41 and process.

Category 1 Employees: This category applies to employees who are reasonably anticipated to have occupational exposure because of their job responsibilities (i.e., aircraft accident investigators, employees who inspect air ambulance aircraft, and employees providing medical services or who work in laboratories who may be exposed to blood and body fluids).

Category 2 Employees: This category applies to employees who conduct Good Samaritan acts during a specific volunteer emergency medical incident that results in exposure to blood and body fluids (i.e., providing assistance to a coworker with a nosebleed, giving cardiopulmonary resuscitation (CPR) / Automatic External Defibrillator (AED), or emergency first aid).

The Disease: Hepatitis B is a virus transmitted by blood and body fluids. People most often become infected with Hepatitis B Virus (HBV) through unprotected sexual activity with an infected partner or by sharing needles with an infected person. Hepatitis B symptoms include fever, loss of appetite, nausea, abdominal pain, fatigue, and jaundice (yellow color in the skin and the eyes). Consequence of Hepatitis B infection might include cirrhosis, liver cancer, or death. An HBV infected employee may become a chronic carrier and source of infection to others.

The Vaccine: HBV immunization may prevent acute Hepatitis B infection and reduce the chance of death from long-term HBV infection complications. According to OSHA Regulation 29 CFR 1910.1030 (Bloodborne pathogens), employees who are at risk of occupational exposure to blood must be offered the Hepatitis B vaccination series (Category 1 Employees). Hepatitis B vaccine is made from parts of the Hepatitis B virus. It cannot cause Hepatitis B infection. The vaccine cannot transmit HBV or other bloodborne pathogens like the Human Immunodeficiency Virus (HIV). The immunization process is a series of vaccine doses given according to the following schedule:

- 1st dose: At elected start date
- 2nd dose: One month after the first dose
- 3rd dose: Six months after the first dose
- 4th dose: If required, at the discretion of the PLHCP

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2. Please read the two Centers for Disease (CDC) attached documents.

CDC Hepatitis B General Information Fact Sheet

(<https://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf>)

CDC's Vaccine Information Statement - Hepatitis B Vaccine: What you need to know

(<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>)

3. If you would like to discuss with a PLHCP the vaccination, send a request to the FAA Occ Med Program Records Clerk at 9-FAA-OCCMED-Rec-Submit@faa.gov with the subject: PLHCP Hepatitis B Vaccination Consultation. You may also consult with your personal physician if you have a current illness, chronic medical condition, previous issues with vaccinations, or vaccination questions. After reading the background information, please choose to either:

Decline Receiving the HBV Vaccination (Go to Section B.)

Consent to Receiving the HBV Vaccination (Go to Section C.)

Section B. Decline Receiving the HBV Vaccination.

1. If you are declining the HBV vaccination, print your full legal name, provide your FAA email address, sign and date (digitally preferred), and indicate your FAA facility name and address. You must provide the original or scanned signed Form FAA 3900-41 to the FAA Occ Med Program by following Section F. A Records Clerk will place the completed Form FAA 3900-41 into your EMF. Please retain a copy for your records.

Section C. Consent to Receiving the HBV Vaccination.

1. If you are consenting to receive the HBV vaccine, print your full legal name, provide your FAA email address, sign and date (digitally preferred), and indicate your FAA facility name and address. You must provide the original or scanned signed Form FAA 3900-41 to the FAA Occ Med Program by following Section F. A Records Clerk will place the completed Form FAA 3900-41 into your EMF. Please retain a copy for your records.
2. You must obtain the HBV vaccination at a local health clinic, at the office of a personal doctor, or from another licensed health care provider by scheduling your own visit(s) during working hours. The PLHCP will determine if the HBV vaccination is appropriate for you to receive. If applicable, you will receive the HBV vaccination shot(s) and leave the Form FAA 3900-41 with the PLHCP to allow vaccination details to be documented directly on the Form FAA 3900-41 after each dose.
3. Reimbursement to the employee for medical services is via Optional Form 1164 (<https://www.gsa.gov/cdnstatic/OF1164-17.pdf>).

Section D. Health Care Provider Determination of Employee Suitability for the HBV Vaccine.

1. You are seeing this FAA employee because the employee has indicated that he/she consents to receiving the HBV vaccination based on FAA work duties. However, please evaluate the medical suitability of this FAA employee before administering the HBV vaccine.
2. Upon making a determination, please indicate by marking one of the three options listed in Section D (i.e., Needs vaccine; Does not need vaccine; or Vaccine is contraindicated).
3. There is a place for optional Health Care Provider comments if applicable.
4. Please provide your name, company, address, email, phone number and sign the document.
5. If you have determined either the FAA employee "does not need the vaccine" or the "vaccine is contraindicated," please complete the Form 3900-41 and return it to the FAA following the instructions in Section F.

Section E. HBV Vaccination Record – Filled out by the PLHCP when providing vaccine

1. This FAA employee has indicated he/she consents to receiving the HBV vaccination. Please complete the vaccine record for each dose provided to include date provided, vaccine lot number, administer of the shot, and next shot due date.
2. Upon the last vaccination, ensure the completed document is returned to the FAA following the instructions in Section F after the last required shot.

Section F. Recordkeeping Requirements

1. Submitting Form FAA 3900-41 non-electronically to the FAA Occ Med Program
 - Mail: Place the completed Form FAA 3900-41 in an envelope and mail to:
FAA c/o Douglas Milton,
AJV-E31, Office 120-207
1701 Columbia Ave.
College Park, GA 30337
 - Fax: 404-305-6861
2. Submitting Form FAA 3900-41 electronically to the FAA Occ Med Program
 - Send the record using a password via SecureZip™ software to the FAA Occ Med Program's e-mail address: 9-FAA-OCCMED-Rec-Submit@faa.gov. The FAA requires electronic transmission of records with SPII or medically confidential information be password protected.
 - Send a separate second e-mail to 9-FAA-OCCMED-Rec-Submit@faa.gov with the password to open the previously sent SecureZip file.
 - For questions on submitting the record, call the FAA Occ Med Program Records Clerk at 404-305-6845.

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Section A. Understanding reasons for receiving the HBV Vaccination.

Please review Form FAA 3900-41, CDC's Hepatitis B General Information Fact Sheet, and CDC's Vaccine Information Statement - Hepatitis B Vaccine: What you need to know. No vaccination must be considered without some understanding of the issues for why a vaccine is recommended and what implications might apply to specific individuals. If you have questions, contact the FAA Occ Med Program (9-FAA-OCCMED-REC-SUBMIT@FAA.GOV) who will ensure a PLHCP will respond to questions.

Section B. Decline receiving the HBV Vaccination.

NO, I DECLINE to receive the HBV vaccine.

Per 29 CFR 1910.1030 Appendix A, 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. However, I decline hepatitis B vaccination at this time. I understand that 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 I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I understand the Occ Med Program will retain Form FAA 3900-41 in my EMF. I understand declination of HBV vaccine does not relieve me of the requirement to perform assigned job functions as directed by my Frontline Manager/Supervisor.

Full Legal Name (Print)	
FAA Email address (Print)	
FAA Facility Name	City
State	Zip code
Signature	Date

If Section B is completed follow Section F Recordkeeping Requirements.

Section C. Consent to Receiving the HBV Vaccination.

YES, I CONSENT to receive the HBV vaccine.

I have read the information given to me about the Hepatitis B virus and the HBV vaccine as stated above and I have had the opportunity to ask questions if requested.

I CONSENT to participate in the HBV Vaccination Program. I understand this includes injections at various prescribed intervals. I further understand there is no guarantee I will become immune to the Hepatitis B virus or will experience an adverse side effect as the result of the vaccination.

Full Legal Name (Print)	
FAA Email address (Print)	
FAA Facility Name	City
State	Zip code
Signature	Date

Section D. PLHCP (Health Care Provider Determination of Employee Suitability for the HBV Vaccine. (Fill in the box that represents your determination.)

<input type="checkbox"/> Needs vaccine	<input type="checkbox"/> Does not need vaccine	<input type="checkbox"/> Vaccine is contraindicated
Additional comments by the PLHCP (optional)		
PLHCP (Health Care Provider's Name (Print))		
PLHCP (Health Care Provider Company and address (Print))		
PLHCP email	Phone number	
Signature	Date	

Section E. HBV Vaccination Record

Employee's Full Legal Name (Print)					
Dose	Date Given	Lot Number	Administered By (Print name)	Administered by (signature)	Next Due Date
1					
2					
3					
4					

Note: Dose 4 is provided, at the recommendation and discretion of the PLHCP.

Section E. Recordkeeping Requirements

Provide all completed forms to the FAA Occ Med Program, by following the form instructions.