

Name Building

Job Title Phone

I have been notified by the district that my position has been identified as having an occupational exposure to blood or other potentially infectious materials. I understand that I am, therefore, at risk of acquiring Hepatitis B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B Vaccine Series at no cost to me.

Check ONE of the following:

- I agree to contact my primary care physician to obtain the immunizations. I understand that I may submit my out of pocket expense to the District for reimbursement.

- I do not have any medical insurance and request that I be provided the Hepatitis B Vaccination Series by my employer at no cost to me.

Employee's Signature _____ Date

Building Principal's Signature _____ Date

District Nurse's Signature _____ Date