

Hepatitis B Vaccination Consent/Waiver Form (Category I Employees)

This form is only applicable for those employees identified as a "Category I Employee" in the CCSD Exposure Control Plan. Category I employees are exposed to specific blood borne pathogen hazards as a regular part of their job. The job titles are listed below. A copy of the entire plan is available at <http://graphics.ccsd.net/NewFiles/GAC.2006.Site/PDFs/SpecialForms%26Pubs/593-exposure.control.plan.pdf>

First Name: _____ Last Name: _____

Employee ID#: _____ Date of Birth: _____ Work Loc. #: _____

Primary Work Location: _____

Category I Job Title:

- ☐ Specialized Procedures Nurse ☐ School Nurse
☐ First Aid/Safety Assistant (FASA) ☐ School Police
☐ Campus Security Monitor ☐ Transportation Aide - Special Education
☐ All Staff at Special Schools for Self-Contained and Incarcerated Students: {Miller/Miley/Stewart/Variety/Correctional Facilities}
☐ Teachers & Support Staff in the following self-contained classrooms: {Kids Integrated Delivery of Services (KIDS); Early Childhood Special Education (ECSE); Specialized Diversely Challenged (SDC); Life Skills (LIF); Foundations of Life Skills (LFS)}

If you are staff of a self-contained program listed above, indicate your job title and program below:

Job Title: _____ Specialized Program: _____

ACCEPT

Yes, I have read and understand the information on Hepatitis B Vaccinations and wish to receive the Hepatitis B Vaccination series (three doses). I have no known sensitivity to yeast. To my knowledge, I am not pregnant.

I understand that if at some point I am no longer in a Category I position with the School District, I will be responsible for any costs of Hepatitis B Vaccinations given after my position change.

☐ I accept the Hepatitis B Vaccination series

DECLINE

I understand that due to my job description and responsibilities that I have a higher risk of occupational exposure to blood or other potentially infectious materials and that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B Vaccination series, at no charge to myself. However, I decline the Hepatitis B Vaccination series at this time. I understand that by declining this vaccination series, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to be in a position that has an increased risk of exposure and I want to be vaccinated with the Hepatitis B Vaccination series, I can receive the vaccination series at no charge to me by completing this form.

☐ I decline the Hepatitis B Vaccination series

If you have already received the Hepatitis B Vaccination series, please check the box above declining and also check the box below.

☐ I have already received the Hepatitis B Vaccination series

Signature: _____ Date Completed: _____

Return completed form to CCSD Employee Health Services: Cat1Emp@nv.ccsd.net