

HEPATITIS A & B VACCINE RECORD

EMPLOYEE (Print): _____

Personnel of Dixie Montessori Academy performing duties which render them at "high risk" for contact with body fluids are responsible to obtain the Hepatitis A and B vaccines. Please indicate your duties under these high risk categories below and the option you will take regarding this risk.

____ PRINCIPAL ____ VICE PRINCIPAL ____ TRANSPORTATION ____ SECRETARY
____ CUSTODIAN ____ SPECIAL ED ____ HEALTH/PE AIDE ____ SHOP
____ COACH ____ FIRST AID DUTIES

I DO ELECT TO RECEIVE THE HEPATITIS A AND B VACCINE. I WILL ASSUME FULL RESPONSIBILITY TO OBTAIN THE SERIES OF 2 HEPATITIS A AND THE SERIES OF 3 HEPATITIS B VACCINES FOR LIFELONG IMMUNITY.

SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____

INSTRUCTIONS: Take this form to the Southwest Utah Public Health Department to start the administration of the Hepatitis A & B series. After the first A & B vaccine is given, the second A & B will be due one month later. The third Hepatitis B will be due 5 months after the second. They can be given no sooner than stated, but if necessary, can be given later than stated. After the vaccines are completed you must send this form to Dixie Montessori Academy, ATTN: Human Resources, where it will be filed with your employee records.

#1 DOSE HEPATITIS A & B VACCINES RECEIVED:

DATE: _____ ADMINISTERED BY: _____

#2 DOSE HEPATITIS A & B VACCINES RECEIVED:

DATE: _____ ADMINISTERED BY: _____

#3 DOSE HEPATITIS B VACCINE RECEIVED:

DATE: _____ ADMINISTERED BY: _____

I REFUSE TO ACCEPT THE HEPATITIS A & B VACCINES AND ASSUME FULL RESPONSIBILITY FOR THE RISK I AM TAKING.

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B infection. I have been notified of my responsibility to be vaccinated at my expense, but decline the vaccination at this time, and hereby release Dixie Montessori Academy from any liability arising from my failure to be immunized.

SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____

ORIGINAL: Return upon completion to Human Resources