

**DOUGLAS COUNTY SCHOOL DISTRICT  
REQUEST FOR HEPATITIS A VACCINATION**

The purpose of this form is to determine if there is a necessity to provide the Hepatitis A vaccine to employees who are not first-aid responders as a function of their job. Please complete the information with as much detail as possible. The information provided will assist us in determining your eligibility to receive the Hep A vaccine. Be specific as possible to avoid a delay in responding to your request. Submit this request to your site administrator for approval prior to submission to the Human Resources Dept.

<b>Employee Name</b>	<b>Site</b>	<b>Position</b>
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**DESCRIBE THE REASON FOR YOUR REQUEST SPECIFICALLY FOR THE HEP A VACCINE:**

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**WHAT BODY FLUIDS DO YOU COME IN CONTACT WITH DURING THE COURSE OF YOUR EMPLOYMENT?**

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**HOW OFTEN DO YOU COME IN CONTACT WITH THESE BODY FLUIDS?  
Is it daily, weekly, monthly, as needed and how many hours?**

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**WHY DO YOU COME IN CONTACT WITH THESE BODY FLUIDS?**

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**IS THE SOURCE INDIVIDUAL KNOWN TO HAVE THE HEPATITIS A VIRUS? \_\_\_\_\_ HOW WAS THIS KNOWLEDGE CONFIRMED? \_\_\_\_\_**

<b>EMPLOYEE SIGNATURE/DATE</b>	<b>SITE/SUPERVISOR SIGNATURE/DATE</b>
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**RETURN THIS FORM TO HUMAN RESOURCES DEPT.**