

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

The purpose of this form is to determine if there is a necessity to provide the HBV 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 HBV vaccine. Be specific as possible to avoid a delay in responding to your request. Submit this request to your site administrator for review prior to submission to the Human Resources Dept.

Employee Name	Site	Position

DESCRIBE THE REASON FOR YOUR REQUEST (BE SPECIFIC):

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

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

WHY DO YOU COME IN CONTACT WITH THESE BODY FLUIDS?

IS THE SOURCE INDIVIDUAL KNOWN TO HAVE THE HEPATITIS B VIRUS? _____ HOW WAS THIS KNOWLEDGE CONFIRMED? _____

EMPLOYEE SIGNATURE/DATE	SITE/SUPERVISOR SIGNATURE/DATE
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RETURN THIS FORM TO HUMAN RESOURCES