



WYLIE ISD

951 S. Ballard Ave. Wylie, Texas 75098

972-429-3000

www.wylieisd.net/riskmanagement

Hepatitis B Vaccination(s) Authorization Form

Employee Name: _____

Position: _____

Department/Campus: _____

Date of Birth: _____

Last 4 Digits of SSN: xxx-xx-_____

Providers: Please submit Wylie ISD Hepatitis B Vaccination Records and billing invoices to:

Wylie ISD Risk Management

Phone: 972-429-3073

Fax: 972-941-6073

Email: LaToya.Scott@wylieisd.net

Campus/Department Authorization (signature): _____ Phone Number: _____

Campus/Department Authorization (printed name): _____ Date: _____

Campus/Department: Please give this form to the employee to take with them to the provider.