



HEPATITIS B VACCINATION ATTESTATION FORM

Staff Name: _____

In accordance with District Policy 6512 "Infection Control Program", all staff, including substitutes, student teachers and volunteers, are must complete the following Hepatitis B Vaccination Attestation upon being hired into the school district.

Please complete this attestation within 30 days of your start date. Your response will be placed in your confidential file with the District Office.

I understand that a series of three injections of Hepatitis B vaccines is needed to become protected from the Hepatitis B virus (HBV). I understand that if I do not become protected from HBV by receiving the HBV vaccination, and if I have direct contact with blood or other bodily fluids at work, that I will need to receive post-exposure treatment. With this understanding, I have chosen one of the following 3 options:

Please check one:

- ☐ I have already had the Hepatitis B vaccination series of 3 vaccines.
- ☐ I will make arrangements with my health care provider to get the Hepatitis B series of 3 vaccines. I am aware that the district will reimburse me for any amount not covered by insurance, provided I submit an expense report.
- ☐ 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 virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring the Hepatitis B infection, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I change my mind, I can receive the vaccination series at no charge.

Signature

Date