



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



Proof of Immunity to Measles

The San Juan Island School District requests that all current and new employees (born after January 1957) provide status of documentation of Measles immunity. We need to be prepared in the eventuality of a measles outbreak in our schools.

Per state law, anyone who has not provided proof of immunity to measles, or has an exemption, cannot work for 21 days following the date of the last reported outbreak. This means, if an outbreak is reported today, you cannot work until 21 days from today, and if another outbreak is reported any time between now and 21 days from now, then you would not be allowed to work for an additional 21 days from that outbreak. This continues until outbreaks cease.

During this time, you would not be eligible to use accrued paid Sick leave, unless you are “ill or temporarily physically-disabled, or as otherwise provided for in a collective bargaining agreement.” You would be able to use any accrued Personal Leave.

Please provide Human Resources with one of the following:

1. Documentation of Measles **disease, or**
2. Documentation of at least one **MMR vaccine, or**
3. Documentation of a **titer**, a blood test that shows positive immunity to Measles
4. If you are born before January 1, 1957, you are presumed immune and do not need to provide any proof.

All people born before Jan 1, 1957 are presumed to be immune to Measles. Staff born after this date need to provide proof of having had the disease, or of having the vaccine. Only documentation that is signed by a health care provider will be accepted; oral history does not fulfill the requirement.

Please speak with your health care provider for any additional questions or guidance. If you request exemption please provide a letter to Human Resources.