GRANITE FALLS SCHOOL DISTRICT
HEPATITIS B IMMUNIZATION CONSENT/WAIVER FORM

The District has determined your job duties have reasonably anticipated on the job exposure to blood or other potentially infectious material. Please read the following and sign when appropriate. You will be contacted upon receipt of signed consent.

Employee's Name _____ SSN _____

Job Position _____ SCHOOL _____

You attended the Hepatitis B education and training class on _____ and:

1. I understand a series of three injections of Hepatitis B vaccine is needed to become protected. (Occasionally, more vaccine is needed if the first series does not result in immunity).

2. If I do not become protected from receiving the vaccine, or if I choose not to receive the vaccine at this time, I understand I will need post exposure treatment if I have direct contact with blood or other body fluids at work.

3. I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at the District's expense. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring occupational exposure to blood or other potentially infectious materials.

I have read and I understand the above information and wish to receive the Hepatitis B vaccine series (three doses). Also, I have no known sensitivity to yeast.

Signature _____ Date _____

I have read and I understand the above information and DO NOT wish to receive the Hepatitis B vaccine series at this time.

Signature_____ Date _____

GRANITE FALLS SCHOOL DISTRICT

JOB CLASSIFICATION OF REASONABLY ANTICIPATED EXPOSURE TO BLOOD OR OTHER INFECTIOUS MATERIAL

Job Classification: Instructional Assistants

Names	Date Notified of Opportunity of Vaccination

Job Classification: Health

Names	Date Notified of Opportunity of Vaccination

Job Classification: Co-Curricular (Coaches)

Names	Date Notified of Opportunity of Vaccination

IMMUNIZATION HISTORY FOR SCHOOL PERSONNEL

NAME:_____DATE OF BIRTH:_____

Measles (Not required of those born before 1957). One dose of live measles vaccine administered since 1968 and given at or after one year of age; or physician documentation of measles disease; or laboratory evidence of measles immunity.

DATE OF VACCINE (month/day/year) _____
Or,
I certify that the person named above had measles in (month/year) _____

_____
Physician's signature/Date
Or,
I certify that the person named above has laboratory evidence of immunity to measles virus and does not need measles vaccine. (Titer result): _____

_____
Physician's Signature/Date

Rubella: One dose of rubella vaccine administered at or after one year of age; or laboratory evidence of rubella immunity.

DATE OF VACCINE (month/day/year) _____
Or,
I certify that the person named above has laboratory evidence of immunity to rubella virus does not need rubella vaccine.

_____
Physician's Signature/Date

Mumps: One dose of vaccine administered at or after one year of age.

DATE OF VACCINE (month/day/year) _____

Tetanus-Diphtheria – Td (adult): A booster is needed every 10 years.

DATE OF VACCINE (month/day/year) _____
UPDATED (month/day/year) _____

Exemptions: In the event of an outbreak of vaccine preventable disease from which you are exempt, you may be excluded from work for the duration of the outbreak.

I am opposed to immunizations and do not want to have any vaccines based on (circle one) religious or personal reasons.

I certify that the information provided is correct.

_____
Signature/date