



Orange County Schools

EMPLOYEE HEPATITIS B VACCINE NEEDS ASSESSMENT

Employee Name _____ Ext. #: _____

Position _____ Work Location _____

The positions listed below are considered "at risk" for occupational exposure to blood or other potentially infectious materials. Please review them and check one of the options below regarding your "at risk" status.

- School Nurses
- First Responders
- Custodians
- Exceptional Children's Teachers/Assistants
- After School/Extended Day Employees
- Coaches
- Principals/Assistant Principals
- School Secretaries/Office Staff
- Pre-K Teachers/Assistants
- Kindergarten Teachers/Assistants

- School Resource Officers
- Athletic Trainers
- Social Workers
- Physical Education Teachers
- Transportation/Bus Drivers
- Maintenance Workers
- Occupational Therapists
- Physical Therapists
- Plumbers

____ I understand that my position is **NOT** identified by Orange County Schools as being "at risk" for occupational exposure to blood or other potentially infectious materials. **(No further action required.)**

____ I understand that my position **IS** identified by Orange County Schools as being "at risk" for occupational exposure to blood or other potentially infectious materials. As a result, I may be at risk for acquiring Hepatitis B infection. **(Check one of the Hepatitis B vaccine status options below.)**

Hepatitis B Status options

I agree to: (check one)

- _____ Provide an immunization record of the 3-dose Hepatitis B vaccine series
This must be done within **30 days** of employment.
(Send to Sara Pitts, Director of Environmental Health & Safety, Maintenance Bldng)
- _____ Receive Hepatitis B vaccine series and provide a copy to Orange County Schools
(Send vaccine completion form to Sara Pitts at address listed above)
Vaccine series is available free of charge from the Orange County Health Department
(Contact Sara Pitts, at ext. 14003 or sara.pitts@orange.k12.nc.us to obtain your vouchers)
- _____ Sign "Declination Statement" below which states you do not want to receive the Hepatitis B vaccine at this time

DECLINATION STATEMENT

I understand that due to my potential occupational exposure to blood or other infectious materials I may be at risk of acquiring Hepatitis B virus infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. I decline to receive this vaccination at this time. However, at a later date, if I am still occupationally exposed, I may decide to accept the vaccination. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B infection.

Signature: _____ Date: _____

Witness: _____ Date: _____