



Hepatitis B Vaccination

Complete and submit the form to:
Human Resources

Employee Name (Legal: First/Last)*	Employee ID Number (if known)	Last 4 Digits of SS Number*
Work Location*	Position*	Phone Number*

**Must be completed*

Employees at the following locations, or in the job titles listed below, or who perform CPR and First Aid as the school backup responder, **MUST** complete the Hepatitis B Vaccination form. Complete section A, B, or C below and submit the form to Human Resources.

Locations:

- ▶ **Special Education staff at Developmental Centers**
(includes all positions assigned to these locations)
 - Marley Glen (1274)
 - Ruth Parker Eason (3414)
 - Central Special (4304)
- ▶ **Staff at each school certified in CPR & First Aid;**
(backup responders – one per school)
- ▶ **Outdoor Education staff who administer First Aid at Arlington Echo** (3054)

Job Categories / Title Codes:

- ▶ **Coaches**
 - Temporary Coach / Title Code: C21251
 - Coach
- ▶ **Custodial or Engineer staff**
 - Custodians / Title Codes: E44307; E44319; E44321; E44323; E44325
 - Engineers / Title Codes: C03318; E03322; E44556; E44557; E44558
- ▶ **Plumbers** / Title Codes: E03438; E45437; E45573; E45439; E45466
- ▶ **Preventive Maintenance Staff** / Title Codes: E44416; E44417; E03436
- ▶ **Special Education Bus Aides** / Title Codes: E43025; E41027

A Request for Vaccination

I request to receive the **Hepatitis B Vaccination Series**. I understand the series consists of three shots. The second shot is due thirty days after the first and the third shot is due five months after the second. I understand I need to be provided a **Hepatitis B Authorization** form from Human Resources before scheduling my vaccinations (*sent to employee upon submission of this request*).

_____	____/____/____	_____	____/____/____
Employee Name (Print)	Date of Birth	Employee Signature	Date Signed
_____	_____		
Supervisor Name (Print)	Supervisor Email or Work Location		

B Decline Vaccination

I understand that due to my occupational exposure to blood or other infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to receive the Hepatitis B vaccination 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 Hepatitis B, a serious disease. If, in the future, I want to receive the Hepatitis B vaccination, I can complete a **new** Hepatitis B Vaccination form and select Option A.

_____	_____	____/____/____
Employee Name (Print)	Signature	Date

C Previously Vaccinated

I have completed the Hepatitis B Vaccination Series.

Date Completed: ____/____/____ Location: _____
(include city, state and facility where administered)

_____	_____	____/____/____
Employee Name (Print)	Signature	Date

Please forward the **Hepatitis B Vaccination** form to: **Human Resources**

Training about bloodborne pathogens is offered annually via the SafeSchools application (<https://aacps-md.safeschools.com/login/>). If your position is not on the above list and you wish to receive the preventive Hepatitis B vaccination, please complete section A above and submit to: **Human Resources**. Employees are allowed up to two (2) hours work release for vaccinations. Teachers and Teaching Assistants who require a substitute should email: **Kathleen Orndorff (korndorff@aacps.org)** to receive a sub code. Every employee should communicate with their supervisor regarding their three vaccination appointments. Questions about the process can be directed to Human Resources.

CC: Official Personnel File