AUTHORIZATION FOR HEPATITIS A/B VACCINATION

California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens requires each employer having employees with occupational exposure to establish, implement and maintain an effective exposure plan which is designed to eliminate or minimize employee exposure to bloodborne pathogens.

In the interest of controlling exposure of employees to bloodborne pathogens, the ___________________________________________________ (Employer) hereby authorizes ___________________________________________________ to be inoculated with the Hepatitis A/B combo vaccine at the Butte Schools Health and Wellness Center at 500 Cohasset Road, Suite 24, Chico or 1876 Bird Street, Oroville.

BSSP will seek reimbursement from the district’s workers compensation carrier, North Valley Schools Insurance Group.

____________________________________________________
Signature       Date

____________________________________________________
Title

Employee: This form must be presented to the Butte Schools Health and Wellness Center at the time of service. An advance appointment must be made by calling 530-879-7582 or 530-532-5918; walk-in appointments are not available for this service.

For HWC use, only

☐ Chico       ☐ Oroville

Dose 1 ___/___/_______ Dose 2 ___/___/_______ Dose 3 ___/___/_______