



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 Transportation**
 - Bus Drivers & Aides /Title Codes: E43163; E43166; E43025; E41027; E43165
 - Van Drivers and Aides /Title Codes: E43167; E03509; E03508

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_____
Please Provide Supervisor's Name* (Print)_____
Please Provide Supervisor's Email or Work Location***Required by Human Resources***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.