



## Chehalem Park and Recreation District

# Hepatitis B Vaccination Form

As an employee of CPRD, you may come into contact with blood and bodily fluids when dealing with injuries. CPRD offers every employee who may come into contact with bloodborne pathogens the opportunity to get the hepatitis B series vaccination, at no cost to the employee.

If you have not received the hepatitis B (HBV) vaccination series and would like to, please check the box below that states that you would like to get this vaccine.

If you choose the vaccination, check the box to accept it below, sign this form, and turn it in to your supervisor.

If you decline the vaccination, sign the Statement of Declination and turn it in to your supervisor. If you are declining, bring back the statement of declination signed by you and a parent (if you are under the age of 18). *If you have already received the hepatitis B series, you must still sign the statement of declination and turn it in; please refer to your vaccination records.*

Yes, I accept the offer to receive the hepatitis B vaccination series, free of charge.

No, I decline the offer to receive the hepatitis B vaccination series.

### Employee Statement of Declination

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 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 continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent or Guardian, if under 18 \_\_\_\_\_ Date \_\_\_\_\_



PUBLIC HEALTH

412 NE Ford Street- McMinnville, OR 97128
Phone: (503) 434-7525 Fax: (503) 472-9731
TTY: 1-800-735-2900 www.co.yamhill.or.us/ph

Authorizing organization to complete.

Valid for 10 days from this date.

Date \_\_\_/\_\_\_/\_\_\_

Authorizes and will pay for

To receive the following vaccination/skin test:

- Hepatitis B, PPD - TB, Other

I authorize the release of any medical information necessary to process insurance claims or obtain authorization necessary to provide service. I also authorize payment of medical benefits to go directly to Yamhill County Health and Human Services.

Client Signature: \_\_\_\_\_

\*\*\*\*\* TO BE COMPLETED BY AUTHORIZING ORGANIZATION \*\*\*\*\*

Authorized Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

EMPLOYEE: Please call our office at (503) 434-7525 to schedule an appointment. Bring this authorization form with you to your appointment.