

LOS ANGELES UNIFIED SCHOOL DISTRICT - **Medical Services Division**

HEPATITIS B VACCINATION

The primary job duties of the employee listed below require possible contact with blood and body fluid. Please give necessary Hepatitis B vaccine series as required by the Bloodborne Pathogens Standard. The contents of this form are CONFIDENTIAL. Ensure distribution or access of this form is prohibited.

Instructions: Send original to: **Employee Health Services**
 333 S. Beaudry Ave., 14th Fl., Room 110
 Los Angeles, CA 90017
 (213) 241-6326 | employeehealth@lausd.net

| | |
|-----------------------------|--------------------|
| Employee Name | Employee Signature |
| Job Title | Employee ID Number |
| Work Location / School Site | Work Phone Number |

I hereby give my consent to be inoculated against Hepatitis B.
 I have received information on Hepatitis B and Hepatitis B vaccine. (Fact sheet will be provided at each vaccination.)
 I have been given an opportunity to ask questions about the inoculation and risks involved. I understand the benefits and risks of Hepatitis B vaccine and request that it be given to be.
 (For Women): If I am pregnant or breast feeding or planning pregnancy, I have discussed this with my physician.

| HBV Series I (0 month) | HBV Series II (1 month) | HBV Series III (6 months) |
|------------------------|-------------------------|---------------------------|
| Date | Date | Date |
| Employee Signature | Employee Signature | Employee Signature |

For Health Care Provider Use Only

| | |
|-------------------|-----------------------|
| Provider Facility | Provider Phone Number |
|-------------------|-----------------------|

Provider Facility Address

| HBV Series I (0 month) | HBV Series II (1 month) | HBV Series III (6 months) |
|---------------------------|---------------------------|---------------------------|
| Manufacturer & Lot Number | Manufacturer & Lot Number | Manufacturer & Lot Number |
| Date | Date | Date |
| Print Provider Name | Print Provider Name | Print Provider Name |
| Provider Signature | Provider Signature | Provider Signature |